



2008

Data Compendium

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CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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Centers for Medicare & Medicaid Services

2008

DATA

COMPENDIUM

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
Baltimore, Maryland
July 2008**

Table I.1, CMS Disbursements, Fiscal Years 2007 - 2009

	Actual	Actual	Current Law 2009	Proposed Law 2009
CMS Budget Outlays (Dollars in million)				
Medicare Benefits	\$434,231	\$453,904	\$488,689	\$477,599
Transitional Assistance & Part D drug benefits (non-add)	49,113	43,741	56,239	56,189
Medicare Part B Transfer to Medicaid ¹	359	397	—	270
Quality Improvement Organizations	393	388	411	411
Health Care Fraud and Abuse Control (HCFAC) ²	997	1,118	1,354	1,354
Other Medicare Administrative Expenses ³	1,879	2,068	2,101	2,101
CMS Program Management ⁴	3,040	3,204	3,504	3,504
Medicaid Benefits ⁵	181,088	191,510	209,026	207,253
State and Local Administration/Training	9,536	9,917	10,244	10,244
State Children's Health Insurance Program (SCHIP)	6,000	6,900	5,868	8,018
State Grants and Demonstrations ^{6,7}	1,275	427	864	939
Total Outlays (gross, unadjusted)	\$638,798	\$669,831	\$722,062	\$711,694
Offsetting Collections, Non-Federal (user fees)	<u>-138</u>	<u>-160</u>	<u>-176</u>	<u>-211</u>
Total Outlays (gross, reduced by user fees)	\$638,660	\$669,671	\$721,886	\$711,483
Medicare Premiums	-57,251	-61,308	-64,413	-64,407
Medicare Refunds, and Misc. Federal Offsetting Collections	-8,114	-8,866	-8,765	-8,765
Total Outlays Net of Medicare Premiums and Offsetting Collections	\$573,295	\$599,497	\$648,708	\$638,311

¹ Medicare transfer to Medicaid for Medicare Part B premium assistance.

² Includes HCFAC outlays by CMS and other agencies.

³ Medicare-related expenses of other agencies, e.g., Social Security Administration.

⁴ Reflects disbursements from the trust funds to finance program management activities, including user fee activities.

⁵ Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2007 - \$2,735.5 million; FY 2008 - \$2,954.1 million; FY 2009 - \$2,793.9 million). The estimate is reduced by the Medicare transfer to Medicaid of \$358.7 million in FY 2007 and by \$396.6 million in FY 2008.

⁶ Programs added in FY 2006 included Katrina/Rita Hurricane Support, Alternate Non-Emergency Network Providers, and the Medicaid Integrity Program.

⁷ Programs added in FY 2007 included Psychiatric Residential Treatment Facilities and the Medicaid Transformation Grants.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCES: FY 2009 Mid-Session Review; FY 2008 actual reconciled data.

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Table I.2, Program Benefits Payments, Selected Fiscal Years

FY ⁴	Total	APC ⁵	Medicare ¹	APC ^{1,5}	Medicaid ²	APC ^{2,5}	SCHIP ³	APC ^{3,5}
1980 ⁶	\$57.9	--	\$33.9	--	\$24.0	--	--	--
1985 ⁶	108.8	12.6	69.5	14.1	39.3	10.4	--	--
1990 ⁶	175.9	15.6	107.2	13.8	68.7	18.4	--	--
1991 ⁶	204.4	16.2	113.9	6.3	90.5	31.7	--	--
1992 ⁶	245.1	19.9	129.2	13.4	115.9	28.1	--	--
1993 ⁶	268.7	9.6	142.9	10.6	125.8	8.5	--	--
1994 ⁶	296.9	10.5	159.3	11.5	137.6	9.4	--	--
1995 ⁶	328.9	10.8	176.9	11.0	152.0	10.5	--	--
1996 ⁶	344.3	4.7	191.1	8.0	153.2	0.8	--	--
1997 ⁶	367.8	6.8	207.1	8.4	160.7	4.9	--	--
1998 ⁶	379.7	3.2	210.1	1.4	169.4	5.5	\$0.2	--
1999 ⁶	390.5	2.8	208.3	-0.9	180.8	6.7	1.3	655.2
2000 ⁶	413.8	6.0	214.9	3.2	196.1	8.4	2.8	108.6
2001 ⁶	457.8	10.6	236.6	10.1	217.4	10.9	3.8	37.2
2002 ⁶	505.4	10.4	252.3	6.7	247.7	13.9	5.4	41.4
2003 ⁶	539.4	6.7	272.7	8.1	260.6	5.2	6.1	13.4
2004 ⁶	585.3	8.5	295.5	8.4	283.2	8.7	6.6	8.4
2005 ⁶	642.8	9.8	333.4	12.8	302.1	6.7	7.3	10.1
2006 ⁶	682.4	6.2	375.2	12.5	299.3	-0.9	7.9	8.6
2007 ⁶	759.5	11.3	434.6	15.8	316.1	5.6	8.8	11.0
2008 ⁶	800.7	5.4	454.3	4.5	336.4	6.4	10.0	13.2
2009 ⁷	863.5	7.8	488.7	7.6	366.3	8.9	8.5	-14.7

¹ Includes catastrophic benefits for Part A in FY 1990. Includes Part B transfer to Medicaid. Includes Transitional Assistance for FY 2004 through FY 2007. Includes Part D prescription drug benefits beginning in FY 2006. Excludes Quality Improvement Organization expenditures.

² Total computable benefit payments (Federal and State combined). Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FYs 1995-2007 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program but do not include total computable Title XIX expenditures for the State Children's Health Insurance Program. Budget data for FYs 2008 and 2009 reflect current law estimates of total adjusted computable medical assistance payments and outlays for the Vaccines for Children Program.

³ Total computable benefits (Federal and State combined). Historical data for FYs 1998-2000 include total computable State Children's Health Insurance Program (SCHIP) expenditures under both Title XIX and Title XXI, as reported by the States for those years.

⁴ Fiscal Year

⁵ Annual Percent Change

⁶ Historical data. All amounts in millions.

⁷ Budget current law.

NOTE: Percent changes based on unrounded numbers.

SOURCES: FY 2009 Mid-Session Review; FY 2008 actual reconciled data. CMS/OFM

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Table I.3, Program Benefit Payments Per Enrollee, Selected Fiscal Years

FY ⁸	Payments ^{1,5,9}	Enrollees ^{5,10}	AVG Enrollee ⁵	Payments ^{2,9}	Enrollees ^{2,3,10}	Enrollee ²	SCHIP ^{6,9}	SCHIP Programs ^{7,9}
1980	\$33.9	28.3	\$1,200	\$24.0	19.6	\$1,200	--	--
1985	69.6	31.0	2,200	39.3	19.8	2,000	--	--
1990	107.4	34.1	3,100	68.7	22.9	3,000	--	--
1995	177.1	37.4	4,700	151.8	33.4	4,500	--	--
1996	191.3	38.0	5,000	152.9	33.2	4,600	--	--
1997	207.3	38.4	5,400	160.3	33.0	4,900	--	--
1998	210.3	38.8	5,400	168.9	32.5	5,200	\$0.1	\$0.1
1999	208.5	39.1	5,300	180.4	32.0	5,600	0.6	0.8
2000	215.1	39.6	5,400	195.9	34.5	5,700	1.1	1.7
2001	236.8	40.0	5,900	216.6	36.8	5,900	1.2	2.7
2002	252.6	40.4	6,300	246.5	40.4	6,100	1.3	4.1
2003	272.9	41.0	6,700	262.6	43.4	6,000	1.6	4.5
2004	295.8	41.7	7,100	281.8	44.9	6,300	1.6	5.0
2005	331.1	42.4 ⁴	7,800	300.7	46.6 ⁴	6,500	2.0	5.3
2006	373.9	43.2 ⁴	8,700	299.0	47.9 ⁴	6,200	2.0	6.0
2007	428.1	43.9 ⁴	9,700	315.8	49.1 ⁴	6,400	2.2	6.5

¹Includes Quality Improvement Organization, Part B Medicaid transfer expenditures, and, starting in FY 2004, Part D benefits.

²Excludes Medicaid expansion and separate State programs under SCHIP and payments under Vaccines for Children's Program.

³Medicaid enrollees are measured in person-years and are estimated for 1980 and 1985.

⁴Estimated.

⁵Medicare.

⁶State Children's Health Insurance Program (SCHIP) Medicaid expansions.

⁷State Children's Health Insurance Program (SCHIP) Separate State Programs.

⁸Fiscal Year.

⁹Dollars stated in billions.

¹⁰Dollars stated in millions.

NOTES: Current law only. Consistent with data and estimates included in the FY 2009 Mid-Session Review. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.

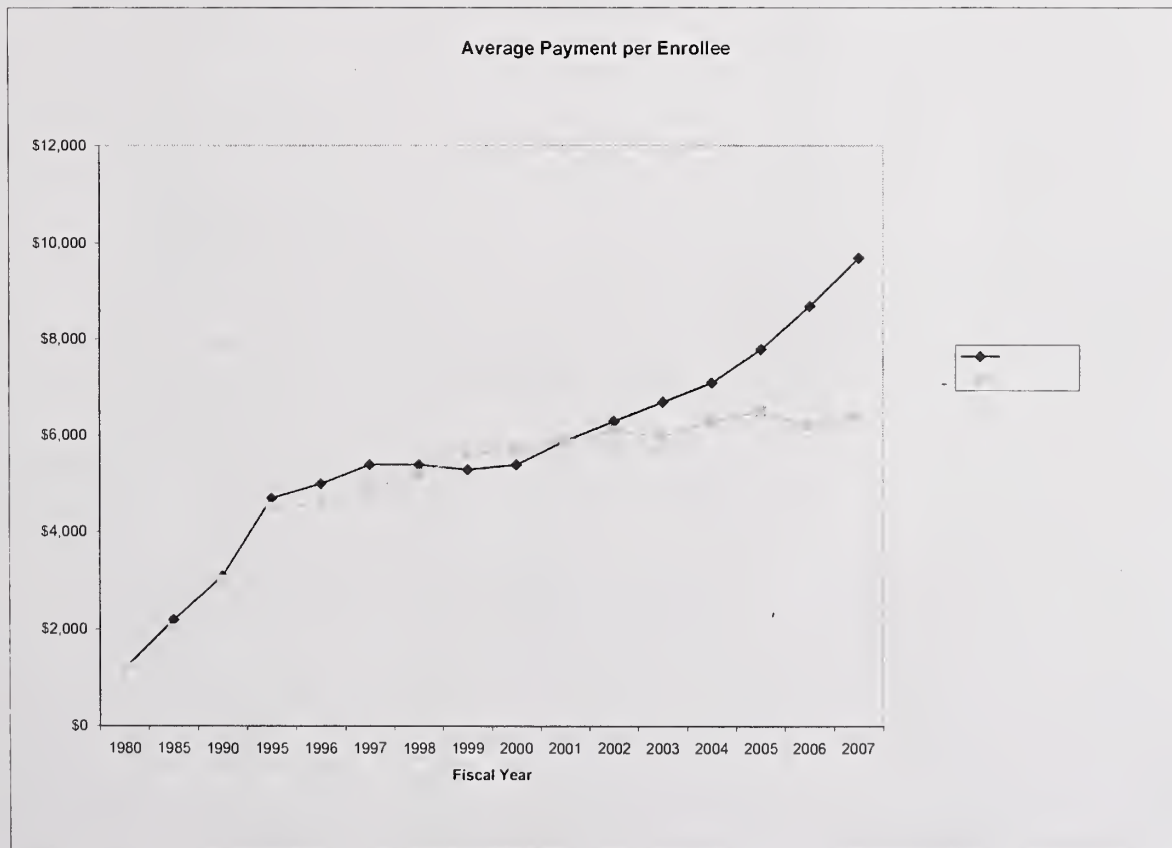




Table I.4, Benefit Outlays by Program Selected Fiscal Years

	1967	1968	2007	2008
Annually⁴				
CMS Program Benefit Outlays	\$5.1	\$8.4	\$759	\$801
Federal Outlays	NA	6.7	622	653
Medicare	3.2	5.1	435	454
Part A	2.5	3.7	205	223
Part B ¹	0.7	1.4	181	187
Part D prescription drug ²	NA	NA	49	44
Medicaid ³	1.9	3.3	316	336
Federal Share	NA	1.6	181	192
State Children's Health Insurance Program (SCHIP)	NA	NA	9	10
Federal Share	NA	NA	6	7
Monthly⁵				
CMS Program Benefit Outlays	\$423	\$702	\$63	\$67
Federal Outlays	NA	561	52	54
Medicare	264	427	36	38
Part A	209	311	17	19
Part B ¹	55	116	15	16
Part D prescription drug ²	NA	NA	4.1	3.6
Medicaid ³	158	275	26	28
Federal Share	NA	133	15	16
State Children's Health Insurance Program (SCHIP)	NA	NA	0.7	0.8
Federal Share	NA	NA	0.5	0.6
Hourly⁶				
CMS Program Benefit Outlays	\$579	\$962	\$87	\$91
Federal Outlays	NA	768	71	75
Medicare	362	585	50	52
Part A	286	426	23	25
Part B ¹	76	159	21	21
Part D prescription drug ²	NA	NA	5.6	5.0
Medicaid ³	217	377	36	38
Federal Share	NA	183	21	22
State Children's Health Insurance Program (SCHIP)	NA	NA	1.0	1.1
Federal Share	NA	NA	0.7	0.8

¹ Includes Part B transfer to Medicaid.

² Includes Transitional Assistance drug card benefits, which began in FY 2004 and ended in FY 2006. Part D benefits began in 2006.

³ Includes Federal outlays for the Vaccines for Children (VFC) Program.

⁴ Amounts in billions.

⁵ Years 1967 and 1968 reported in millions. Years 2007 and 2008 reported billions.

⁶ Years 1967 and 1968 reported in thousands. Years 2007 and 2008 reported in millions.

NOTES: Current law fiscal year data. Totals may not equal the sum of rounded components.

SOURCES: FY 2009 Mid-Session Review; FY 2008 actual reconciled data.

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Table II.1, CMS Benefit Payments by Major Program Service Categories, Fiscal Year 2007

Type of Service	Total Payments ^{17,18}	Percent Distribution	Medicare Amount ¹⁷	Percent Distribution	Medicaid ¹⁷ Amount ¹⁷	Percent Distribution ¹
Total	\$743,920	100.0	\$428,148	100.0	\$315,772	100.0
Inpatient Hospital	194,222	26.1	126,747 ²	29.6	67,476 ⁸	21.4
Nursing Facilities	81,579	11.0	22,059	5.2	59,520 ⁹	18.8
Home Health & Related	58,150	7.8	15,391	3.6	42,759 ¹⁰	13.5
Physician & Other Practitioner	98,655	13.3	82,940 ³	19.4	15,714 ¹¹	5.0
Outpatient	50,531	6.8	36,082	8.4	14,449 ¹²	4.6
Clinic	9,557	1.3	— ⁴	—	9,557 ¹³	3.0
Prescribed Drugs	65,837	8.9	50,869 ⁵	11.9	14,968 ¹⁴	4.7
Capitation Payments	149,240	20.1	76,954 ⁶	18.0	72,286 ¹⁵	22.9
Other Care	36,148	4.9	17,106 ⁷	4.0	19,042 ¹⁶	6.0

¹ Payments (Federal and State) from financial management reports (Form CMS-64).

² Includes inpatient hospital (\$126,417 million) and Quality Improvement Organization (\$330 million).

³ Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$82,878 million) and Quality Improvement Organization (\$63 million).

⁴ Covered clinic services are included under outpatient.

⁵ Includes transitional assistance benefit payments and state low-income determinations.

⁶ Includes Part A managed care payments (\$39,230 million) and Part B managed care payments (\$37,724 million).

⁷ Includes hospice (\$10,008 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$7,098 million).

⁸ Includes inpatient hospital payments (\$51,485 million) and disproportionate share (DSH) payments (\$15,991 million).

⁹ Includes services in nursing facilities (\$47,213 million) and intermediate care facilities for the mentally retarded (\$12,308 million).

¹⁰ Includes home health (\$3,979 million), home and community-based waivers (\$27,438 million), personal care services (\$10,842 million), and home and community-based services for functionally disabled elderly (\$500 million).

¹¹ Includes physician (\$10,293 million), dental (\$3,340 million), and other practitioner services (\$2,081 million).

¹² Includes outpatient hospital (\$13,122 million) and laboratory/radiological services (\$1,328 million).

¹³ Includes clinic (\$6,764 million), rural health clinic (\$623 million), and federally qualified health clinic services (\$2,170 million).

¹⁴ Includes gross prescription drug expenditures (\$22,302 million) and drug rebates (-\$7,333 million).

¹⁵ Includes Medicare premiums (\$10,291 million) and other capitation payments (\$61,995 million).

¹⁶ Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$948 million), targeted case management (\$2,928 million), primary care case management (\$328 million), hospice (\$1,838 million), emergency services for undocumented immigrants (\$1,084 million), miscellaneous coinsurance payments (\$776 million), sterilizations (\$105 million), abortions (\$0.2 million), Program for All-inclusive Care of Elderly (PACE), (\$492 million) community supported living arrangements (\$46 million), other care services (\$15,736 million), and collections (-\$5,238 million).

¹⁷ Amount in millions.

¹⁸ Total Program payment amount.

NOTE: Because of rounding, table components may not add to totals.

SOURCE: CMS/OACT

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Table II.2

**Medicare Trust Fund Projections
Fiscal Years 2005 - 2008**

	2005	2006	2007	2008
HI Total Disbursements ¹	184,142	\$184,901	\$202,827	\$220,753
HI Administrative Expenses ²	2,088	2,323	2,114	2,408
Misallocated Benefits ³	-961	-3,639	-4,204	320
HI Benefit Payments	181,934	185,101	203,990	216,893
Aged	155,872	157,428	172,835	183,288
Disabled	26,062	27,673	31,155	33,605
HCFAC ⁴	1,081	1,116	927	1,132
HI Transfer to SMI for Home Health	--	--	--	--
SMI Total Disbursements ¹	152,735	195,566	231,525	235,777
Part B Administrative Expenses ²	3,127	3,626	2,749	3,424
Misallocated Benefits ³	961	3,639	4,204	-320
Part B Benefit Payments	147,449	154,381	172,698	183,045
Aged	122,903	127,792	142,833	151,272
Disabled	24,546	26,590	29,865	31,773
Part B Transfer to Medicaid ⁵	--	--	--	300
Part D Administrative Expenses ²	--	174	1,005	645
Part D Benefit Payments ⁶	1,198	33,744	50,869	48,683

¹ Current law data. ² Administrative expenses include the sum of administrative costs, research, QIO expenditures, and Medicare Advantage additional premiums. ³ Amounts for benefits that should have been paid by Part A, but were erroneously paid by Part B. ⁴ Net Health Care Fraud and Abuse Control FY 2002 outlays reflect the U.S. Treasury's 2002 Combined Statement. ⁵ SMI Transfer to Medicaid for Medicare Part B premium assistance. ⁶ Includes transitional assistance in FY 2005 and FY 2006

NOTES: Based on FY 2009 Mid-Session Review. Benefit estimates do not reflect proposed legislation. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

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Table III.3, Medicare SMI Part B Trust Fund Income, Selected Fiscal Years

FY	Total Income ^{4,7}	Total ^{5,7}	Aged ^{5,7}	Disabled ^{5,7}	Total ^{1,2,5,7}	Aged ^{1,2,5,7}	Disabled ^{1,2,5,7}
1967	\$1,270	\$647	\$647	—	\$623	\$623	—
1970	1,863	936	936	—	928	928	—
1975	4,217	1,887	1,736	\$151	2,330	1,711	\$619
1980	9,860	2,928	2,637	291	6,932	5,608	1,324
1985	23,422	5,524	5,042	482	17,898	15,072	2,826
1990	44,704	11,494 ³	10,138	995	33,210	31,107	2,103
1995	56,232	19,244	17,126	2,117	36,988	31,146	5,842
1996	80,633	18,931	16,858	2,073	61,702	52,353	9,349
1997	78,613	19,141	16,984	2,158	59,471	51,082	8,390
1998	79,346	19,427	17,153	2,274	59,919	51,483	8,436
1999	82,345	20,160	17,722	2,438	62,185	53,653	8,532
2000	86,076	20,515	17,961	2,554	65,561	54,741	10,820
2001	92,146	22,307	19,447	2,861	69,838	57,817	12,021
2002	102,744	24,427	21,173	3,254	78,318	65,650	12,668
2003	107,739	26,834	23,114	3,720	80,905	67,496	13,409
2004	124,859	30,341	25,873	4,468	94,518	76,113	18,405
2005	149,942	35,940	30,394	5,546	114,002	92,002	22,000
2006	175,884	41,629	35,606	6,023	134,255	111,140	23,115
2007	183,565	45,743	38,552	7,190	137,822	113,903	23,919
1967-2007 ^a	14,354	6,970	5,859	—	22,022	18,183	—
1975-2007 ^a	4,253	2,324	2,121	4,662	5,815	6,557	3,764
2004-2005 ^a	20	18	17	24	21	21	20
2005-2006 ^a	17	16	17	9	18	21	5
2006-2007 ^a	4	10	8	19	3	2	3

SOURCE: CMS/OACT

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Table II.4

**Medicaid Payments by Basis of Eligibility
Selected Fiscal Years**

	Payments							Percent Distribution
	1985	1990	1995	2000	2003	2005	2006	2006
Amount in millions								
Total	\$37,508	\$64,859	\$120,141	\$168,307	\$233,206	273,203	265,049	100.0
Age 65 and over	14,096	21,508	36,527	44,503	55,271	62,929	57,457	21.7
Blind/Disabled	13,452	24,403	49,418	72,742	102,014	118,683	114,745	43.3
Dependent Children under Age 21	4,414	9,100	17,976	26,775	39,871	46,846	49,612	18.7
Adults in Families with Dependent Children	4,746	8,590	13,511	17,763	26,800	32,215	32,682	12.3
Unknown	798	1,051	1,499	6,525	9,250	12,530	10,553	4.0

NOTES: Beginning in FY 1998, payments include capitated payments as a type of service category. Totals do not necessarily equal the sum of rounded components

SOURCES: C MS/CMSO/ORDI

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**Table II.5, Medicaid Payments by Type of Service and Basis of Eligibility,
Fiscal Year 2006**

	Total Payments ²	IHS ^{2,3}	LTC Services ^{1,2}	Other Services ²
All Groups	100.0	13.6	23.8	62.7
Age 65 and over	21.7	0.7	13.8	7.2
Blind and Disabled	43.3	5.7	9.6	28.0
Children under Age 21	18.7	2.6	0.1	16.0
AFDC-Type Adults	12.3	2.6	0.1	9.6
Unknown	4.0	2.0	0.2	1.8

¹Includes services in all nursing facilities (LTC), and home health services, and all ICF/MR.

²Percent Distribution.

³Inpatient Hospital Services.

NOTE: Totals may not equal the sum of rounded components.

SOURCE: CMS/ORDI

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Table II.6

Medicaid/Type of Service

	Fiscal Year		
	2004	2005	2006
	In billions		
Total Medical Assistance Payments ¹	\$281.8	\$300.7	\$299.0
	Percent of Total		
Inpatient Services	15.6	15.5	15.3
General Hospitals	13.9	14.0	14.3
Mental Hospitals	1.7	1.6	1.1
Nursing facility services	16.5	15.4	16.0
Intermediate care facility services for mentally retarded	4.3	4.2	4.3
Community-based long term care services ²	11.9	12.1	13.4
Prescribed drugs ³	10.8	10.2	5.6
Physician services	4.1	4.1	4.2
Dental services	1.1	1.1	1.1
Outpatient hospital services	4.3	4.1	3.9
Clinic services ⁴	2.9	3.0	3.1
Laboratory and radiological services	0.4	0.4	0.4
Early and periodic screening	0.4	0.4	0.4
Targeted case management services	1.0	1.0	1.0
Capitation payments (non-Medicare)	16.2	16.8	18.6
Medicare premiums	2.3	2.7	3.1
Disproportionate share hospital payments	6.1	5.7	5.7
Other services	4.4	5.0	5.6
Collections ⁵	-2.3	-1.7	-1.8

¹Excludes payments under State Children's Health Insurance Program (SCHIP).

²Comprised of home health, home and community-based waivers, personal care and home and community-based services for functionally disabled elderly.

³Net of prescription drug rebates.

⁴Federal qualified health clinics, rural health clinics, and other clinics.

⁵Includes collections for third party liability, probate, fraud and abuse, overpayments, and other.

SOURCE: Medicaid Financial Management Reports

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Table II.7

**National Health Care by Type of Expenditure
Calendar Year 2006**

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$2,105.5	\$7,026	33.7	19.1	14.7
Health Services and Supplies	1,966.2	6,561	36.1	20.4	15.7
Personal Health Care	1,762.0	5,880	37.8	21.6	16.2
Hospital Care	648.2	2,163	45.9	28.9	17.1
Professional Services	660.2	2,203	28.6	15.8	12.7
Physician and Clinical Services	447.6	1,493	27.6	20.6	7.0
Nursing Home Care and Home Health	177.6	593	63.4	22.9	40.5
Retail Outlet Sales	276.0	921	24.6	17.6	6.9
Administrative and Public Health	204.1	681	21.1	9.9	11.2
Research and Construction	139.4	465	--	--	--

NOTES: Data are as of calendar year 2006.

SOURCE: CM S/OACT

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**Table II.8, CMS Benefit Payments by Major Personal Health Expenditure Service Categories
Calendar Year 2006**

Type of Service ¹	Amount ^{6,7}	% Distribution ⁷	Amount ^{6,8}	% Distribution ⁸	Amount ^{5, 6}	% Distribution ⁵
Total	\$666.8	100.0	\$381.0	100.0	\$285.7	100.0
Hospital Care	\$297.8	44.7	\$187.2	49.1	\$110.6	38.7
Physician and Clinical Services	\$123.5	18.5	\$92.1	24.2	\$31.3	11.0
Dentists' Services	\$4.5	0.7	\$0.1	0.0	\$4.4	1.5
Other Professional Services ²	\$16.0	2.4	\$12.4	3.3	\$3.6	1.3
Home Health Care ³	\$37.6	5.6	\$19.8	5.2	\$17.7	6.2
Prescription Drugs	\$58.6	8.8	\$39.5	10.4	\$19.2	6.7
Other Non-Durable Medical Products	\$2.2	0.3	\$2.2	0.6	---	---
Durable Medical Equipment	\$7.0	1.0	\$7.0	1.8	---	---
Nursing Home Care ⁴	\$75.0	11.3	\$20.8	5.5	\$54.2	19.0
Other Personal Health Care	\$44.6	6.7	---	---	\$44.6	15.6

¹ Service categories used in this table are based on the National Health Expenditure Accounts and differ from those used elsewhere to present data. For example, expenditures for hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

² Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

³ Includes non-facility based home health care and some Medicaid care delivered in homes.

⁴ Freestanding nursing facilities only.

⁵ Excludes Medicaid SCHIP Expansion & SCHIP.

⁶ Amount in billions.

⁷ Total Program Payments.

⁸ Medicare.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 57 percent in calendar year 2006.

SOURCE: CMS/OACT

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Table II.9
National Health Expenditures: Public and Private Funding
Selected Calendar Years

Calendar Year	National Health Expenditures									
	Total			Private Funds			Public Funds			
	GDP in billions	Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total
1965	\$719	\$42	\$211	5.9	\$32	\$159	75.1	\$11	\$52	24.9
1966	\$788	\$46	\$230	5.9	\$33	\$161	70.0	\$14	\$69	30.0
1967	\$833	\$52	\$256	6.3	\$33	\$161	62.9	\$19	\$95	37.1
1970	\$1,039	\$75	\$356	7.2	\$47	\$222	62.4	\$28	\$134	37.6
1975	\$1,638	\$133	\$605	8.1	\$77	\$351	58.0	\$56	\$254	42.0
1980	\$2,790	\$253	\$1,100	9.1	\$147	\$638	58.0	\$106	\$462	42.0
1981	\$3,128	\$294	\$1,262	9.4	\$171	\$735	58.2	\$123	\$527	41.8
1982	\$3,255	\$331	\$1,407	10.2	\$195	\$830	59.0	\$136	\$577	41.0
1983	\$3,537	\$365	\$1,537	10.3	\$215	\$906	59.0	\$150	\$631	41.0
1984	\$3,933	\$402	\$1,678	10.2	\$238	\$996	59.4	\$163	\$682	40.6
1985	\$4,220	\$439	\$1,818	10.4	\$262	\$1,084	59.6	\$177	\$734	40.4
1986	\$4,463	\$471	\$1,932	10.6	\$278	\$1,138	58.9	\$194	\$794	41.1
1987	\$4,740	\$513	\$2,084	10.8	\$301	\$1,221	58.6	\$212	\$863	41.4
1988	\$5,104	\$574	\$2,310	11.2	\$344	\$1,384	59.9	\$230	\$926	40.1
1989	\$5,484	\$639	\$2,546	11.6	\$383	\$1,525	59.9	\$256	\$1,020	40.1
1990	\$5,803	\$714	\$2,813	12.3	\$427	\$1,684	59.8	\$287	\$1,130	40.2
1991	\$5,996	\$782	\$3,044	13.0	\$456	\$1,776	58.4	\$326	\$1,267	41.6
1992	\$6,338	\$849	\$3,266	13.4	\$486	\$1,867	57.2	\$364	\$1,398	42.8
1993	\$6,657	\$913	\$3,469	13.7	\$513	\$1,948	56.2	\$400	\$1,521	43.8
1994	\$7,072	\$962	\$3,618	13.6	\$526	\$1,979	54.7	\$436	\$1,639	45.3
1995	\$7,398	\$1,017	\$3,783	13.7	\$552	\$2,053	54.3	\$465	\$1,730	45.7
1996	\$7,817	\$1,069	\$3,938	13.7	\$580	\$2,138	54.3	\$489	\$1,800	45.7
1997	\$8,304	\$1,125	\$4,104	13.6	\$614	\$2,239	54.6	\$511	\$1,864	45.4
1998	\$8,747	\$1,191	\$4,297	13.6	\$663	\$2,392	55.7	\$528	\$1,905	44.3
1999	\$9,268	\$1,266	\$4,523	13.7	\$710	\$2,537	56.1	\$556	\$1,986	43.9
2000	\$9,817	\$1,354	\$4,790	13.8	\$757	\$2,679	55.9	\$597	\$2,111	44.1
2001	\$10,128	\$1,470	\$5,148	14.5	\$808	\$2,829	55.0	\$662	\$2,319	45.0
2002	\$10,470	\$1,603	\$5,560	15.3	\$882	\$3,059	55.0	\$721	\$2,500	45.0
2003	\$10,961	\$1,732	\$5,952	15.8	\$955	\$3,281	55.1	\$777	\$2,670	44.9
2004	\$11,686	\$1,852	\$6,301	15.9	\$1,015	\$3,452	54.8	\$838	\$2,849	45.2
2005	\$12,434	\$1,973	\$6,649	15.9	\$1,077	\$3,627	54.6	\$897	\$3,022	45.4
2006	\$13,195	\$2,106	\$7,026	16.0	\$1,135	\$3,788	53.9	\$970	\$3,238	46.1

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 2007. Per capita is calculated using Census resident based population estimates.

SOURCES: CMS/OACT; U.S. Bureau of the Census; and U.S. Department of Commerce, Bureau of Economic Analysis.

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Table II.10

National Health Expenditures Source of Funds ¹
Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1995	2000	2004	2005	2006
Total National Health Expenditures in Billions	\$42.2	\$74.9	\$133.1	\$253.4	\$439.3	\$714.0	\$1,016.5	\$1,353.6	\$1,852.3	\$1,973.3	\$2,105.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.1	62.4	58.0	58.0	59.6	59.8	54.3	55.9	54.8	54.6	53.9
Out-of-Pocket	42.9	33.3	27.9	22.9	21.7	19.1	14.4	14.3	12.7	12.5	12.2
Private Health Insurance	23.9	20.7	22.9	27.2	29.8	32.7	32.0	33.6	34.9	34.7	34.4
Other Private	8.3	8.5	7.2	7.9	8.1	8.1	7.9	8.1	7.2	7.3	7.4
Federal Government	11.4	23.7	27.3	28.2	28.0	27.1	32.2	30.8	32.2	32.4	33.5
Medicare	—	10.2	12.3	14.7	16.3	15.3	18.1	16.6	16.7	17.1	19.1
Federal Medicaid	—	3.8	5.6	5.7	5.2	6.0	8.5	8.7	9.2	9.0	8.3
Other Federal ²	11.4	9.6	9.5	7.9	6.6	5.9	5.6	5.6	6.3	6.3	6.1
State / Local Government	13.5	13.9	14.7	13.7	12.4	13.0	13.5	13.2	13.0	13.1	12.6
State Medicaid		3.3	4.5	4.6	4.2	4.4	5.8	6.2	6.4	6.8	6.4
Other State / Local ²	13.5	10.6	10.1	9.2	8.2	8.6	7.8	7.1	6.5	6.3	6.2

¹ Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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Table II.11
Personal Health Care Payment Source ¹
Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1995	2000	2004	2005	2006
Total in billions	\$34.7	\$62.9	\$112.7	\$214.8	\$371.7	\$607.5	\$863.7	\$1,139.6	\$1,547.7	\$1,653.7	\$1,762.0
Percent Distribution											
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	64.7	60.2	59.9	60.8	61.1	55.2	57.3	55.6	55.3	54.7
Private Health Insurance	25.1	22.3	24.5	28.5	30.1	33.7	33.2	35.4	36.2	36.2	36.0
Out-of-Pocket	52.2	39.6	33.0	27.1	25.6	22.4	16.9	16.9	15.2	14.9	14.6
Other Private	2.2	2.8	2.7	4.3	5.1	5.0	5.1	5.0	4.2	4.2	4.1
Public Funds	20.4	35.3	39.8	40.1	39.2	38.9	44.8	42.7	44.4	44.7	45.3
Federal ²	8.1	22.9	27.0	29.0	29.3	28.4	34.2	32.4	34.0	34.0	35.1
State and Local ²	12.3	12.4	12.8	11.1	10.0	10.4	10.6	10.3	10.5	10.7	10.2

¹ Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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Table II.12, Consumer Price Index, All Urban Consumer, Selected Components ¹

Year	All Items ²	Medical Care ²	Medical Services ²	All Items ³	Medical Care ³	Medical Services ³
1966	32.4	26.3	23.9	2.9	4.4	5.3
1967	33.4	28.2	26.0	3.1	7.2	8.8
1968	34.8	29.9	27.9	4.2	6.0	7.3
1969	36.7	31.9	30.2	5.5	6.7	8.2
1970	38.8	34.0	32.3	5.7	6.6	7.0
1971	40.5	36.1	34.7	4.4	6.2	7.4
1972	41.8	37.3	35.9	3.2	3.3	3.5
1973	44.4	38.8	37.5	6.2	4.0	4.5
1974	49.3	42.4	41.4	11.0	9.3	10.4
1975	53.8	47.5	46.6	9.1	12.0	12.6
1976	56.9	52.0	51.3	5.8	9.5	10.1
1977	60.6	57.0	56.4	6.5	9.6	9.9
1978	65.2	61.8	61.2	7.6	8.4	8.5
1979	72.6	67.5	67.2	11.3	9.2	9.8
1980	82.4	74.9	74.8	13.5	11.0	11.3
1981	90.9	82.9	82.8	10.3	10.7	10.7
1982	96.5	92.5	92.6	6.2	11.6	11.8
1983	99.6	100.6	100.7	3.2	8.8	8.7
1984	103.9	106.8	106.7	4.3	6.2	6.0
1985	107.6	113.5	113.2	3.6	6.3	6.1
1986	109.6	122.0	121.9	1.9	7.5	7.7
1987	113.6	130.1	130.0	3.6	6.6	6.6
1988	118.3	138.6	138.3	4.1	6.5	6.4
1989	124.0	149.3	148.9	4.8	7.7	7.7
1990	130.7	162.8	162.7	5.4	9.0	9.3
1991	136.2	177.0	177.1	4.2	8.7	8.9
1992	140.3	190.1	190.5	3.0	7.4	7.6
1993	144.5	201.4	202.9	3.0	5.9	6.5
1994	148.2	211.0	213.4	2.6	4.8	5.2
1995	152.4	220.5	224.2	2.8	4.5	5.1
1996	156.9	228.2	232.4	3.0	3.5	3.7
1997	160.5	234.6	239.1	2.3	2.8	2.9
1998	163.0	242.1	246.8	1.6	3.2	3.2
1999	166.6	250.6	255.1	2.2	3.5	3.4
2000	172.2	260.8	266.0	3.4	4.1	4.3
2001	177.1	272.8	278.8	2.8	4.6	4.8
2002	179.9	285.6	292.9	1.6	4.7	5.1
2003	184.0	297.1	306.0	2.3	4.0	4.5
2004	188.9	310.1	321.3	2.7	4.4	5.0
2005	195.3	323.2	336.7	3.4	4.2	4.8
2006	201.6	336.2	350.6	3.2	4.0	4.1
2007	207.3	351.1	369.3	2.8	4.4	5.3

¹All data not seasonally adjusted.

²Index (1982-1984 =100).

³12 Month Percent Change.

SOURCE: Department of Labor, Bureau of Labor Statistics.

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Table III.1
Medicare Operations of the HI Trust Fund
Selected Fiscal Years

Fiscal Year ¹	Transfers from Railroad Retirement Account					Income			Disbursements				Trust Fund	
	Payroll Taxes	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest and Other Income ²	Total Income	Benefit Payments ³	Administrative Expenses ⁴	Total Disbursements	Net Increase in Fund	Fund at End of Year			
Amount in millions														
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343			
1970	4,785	64	617	11	137	5,614	4,804	149	4,953	661	2,677			
1975	11,291	132	481	48	609	12,568	10,353	259	10,612	1,956	9,870			
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288	1,127	14,490			
1985	46,490	371	766	86	3,182	50,933	47,841	813	48,654	4,103 ⁵	21,277			
1990	70,655	367	413	107	7,908	79,563	65,912	774	66,687	12,876	95,631			
1995	98,053	396	462	61	14,876	114,847	113,583	1,300	114,883	-36	129,520			
1996	106,934	401	419	1,107	14,565	121,135	124,088	1,229	125,317	-4,182	125,338			
1997	112,725	419	481	1,279	13,575	128,548	136,175	1,661	137,836	-9,287	116,050			
1998	121,913	419	34	1,320	14,449	138,203	135,487 ⁷	1,653	137,140	1,063	117,113			
1999	134,385	430	652	1,401	16,075	153,015	129,463 ⁷	1,978	131,441	21,574	138,687			
2000	137,738	465	470	1,392	19,614	159,681	127,934 ⁷	2,350	130,284	29,397	168,084			
2001	151,931	470	453	1,440	17,896	171,014	139,356 ⁷	2,368	141,723	29,290	197,374			
2002	151,575	425	442	1,525	25,796	179,762	145,566 ⁷	2,464	148,031	31,731	229,105			
2003	149,839	426	393	1,598	23,557	175,813	151,250 ⁷	2,541	153,792	22,021	251,127			
2004	153,448	419	365	1,799	24,611	180,815	164,079	2,920	166,998	13,816	264,943			
2005	168,954	445	286	2,303	24,933	196,921	181,292	2,850	184,142	12,779	277,723			
2006	180,392	471	408	2,632	26,405	210,309	181,815	3,086	184,901	25,408	303,130			
2007	187,992	483	468	2,761	27,503	219,207	200,191	2,636	202,827	16,380	319,510			

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income that are not obligations of the trust fund, taxation of benefits, receipts from the fraud and abuse control program, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983), and costs of Quality Improvement Organizations beginning in 2002.

⁴ Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

⁵ Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

⁶ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

⁷ Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

⁸ Includes the lump sum general revenue transfer of -\$1,177 million, as provided for by section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

Table III.2, Medicare Operations of the SMI Trust Fund, Selected Fiscal Years

FY ¹	Premiums ^{2,15,18}	Contributions ^{3,15,18}	Transfers ^{4,15,18}	Income ^{5,6,15,18}	Total Income ^{5,18}	Payments ^{6,7,8,16,18}	Admin Expenses ^{16,18}	Total Disbursements ^{16,18}	Fund Increase ^{17,18,19}	Year End ^{8,17,18,20}
1967	\$647	\$623	--	\$15	\$1,285	\$664	\$135 ¹⁰	\$799	\$486	\$486
1970	936	928	--	12	1,876	1,979	217	2,196	-321	57
1975	1,887	2,330	--	106	4,322	3,765	404	4,170	152	1,424
1980	2,928	416	--	6,932	10,275	10,144	593	10,737	-462	4,532
1985	5,524	17,898	--	1,154	24,577	21,808	923	22,730	1,846	10,646
1990	11,494 ¹¹	33,210	--	1,434 ¹¹	46,138 ¹¹	41,498	1,524 ¹¹	43,022 ¹¹	3,115 ¹¹	14,527 ¹¹
1995	19,244	36,988 ¹²	--	1,937	58,169	63,491	1,722	65,213	-7,044	13,874 ¹²
1996	18,931	61,702 ¹²	--	1,392	82,025	67,176	1,771	68,946	13,079	26,953 ¹²
1997	19,141	59,471	--	2,193	80,806	71,133	1,420	72,553	8,252	35,206
1998	19,427	59,919	--	2,608	81,955	74,837 ¹³	1,435	76,272	5,683	40,889
1999	20,160	62,185	--	2,933	85,278	79,008 ¹³	1,510	80,518	4,760	45,649
2000	20,515	65,561	--	3,164	89,239	87,212 ¹³	1,780	88,992	247	45,896
2001	22,307	69,838	--	3,191	95,336	97,466 ¹³	1,986	99,452	-4,116	41,780
2002	24,427	78,318	--	2,960	105,705	106,995 ¹³	1,830	108,825	-3,120	38,659
2003	26,834	80,905	--	2,455	110,194	121,699 ¹³	2,356	124,055	-13,861	24,799
2004	30,341	94,734	--	1,730	126,805	131,673	2,817	134,490	-7,684	17,114
2005	35,939	115,200	--	1,366	152,505	149,820	2,914	152,735	-230	16,885
2006	44,216 ¹⁴	162,601	3,630	1,478	211,926	192,058 ¹⁴	3,474 ¹⁴	195,531	16,394	33,279
2007	49,518	178,822	6,977	2,065	237,383	228,117	3,398	231,515	5,867	39,146

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Premiums from participants. For Part D, premiums include both amounts withheld from Social Security benefit checks (and other certain Federal benefit payments) and amounts paid directly to Part D plans, the premiums paid directly to Part D plans are not displayed on Treasury statements and are estimated

³ Government contributions. For Part B, includes matching payments from the general fund, plus certain interest-adjustment items. For Part D, includes all federal government transfers, including amounts for the general subsidy, reinsurance, employer drug subsidy, low-income subsidy, administrative expenses, risk sharing, and State expenses for making low-income eligibility determinations. Includes amounts for the transitional assistance benefits in 2004-2006.

⁴ Transfers from states. With the availability of Part D drug coverage and low-income subsidies beginning in 2006 Medicaid is no longer the primary payer for full-benefit dual eligibles. States are subject to a contribution requirement and must pay the Part D account in the SMI trust fund a portion of their estimated forgone drug costs for this population. Starting in 2006, States must pay 90 percent of the estimated costs, with this percentage phasing down over a 10-year period, to 75 percent in 2015 and later.

⁵ Interest and other income. Other income includes recoveries of amounts reimbursed from the trust fund that are not obligations of the trust fund and other miscellaneous income.

⁶ Benefit payments. Values after 2005 include additional premiums for Medicare Advantage (MA) plans that are deducted from beneficiaries' Social Security checks. These additional premiums are beneficiary obligations and occur when a beneficiary chooses an MA plan whose monthly plan payment exceeds the benchmark amount. Beneficiaries subject to such premiums may choose to either reimburse the plans directly or have the premiums deducted from their Social Security checks. The premiums deducted from the Social Security checks are transferred to the HI and SMI trust funds and then transferred from the trust funds to the plans.

⁷ Includes costs of Peer Review Organizations from 1983 through 2001 and costs of Quality Improvement Organizations beginning in 2002.

⁸ For Part D, includes payments to plans, subsidies to employer-sponsored retiree prescription drug plans, payments to States for making low-income eligibility determinations. Part D drug premiums collected from beneficiaries and transferred to Medicare Advantage plans and private drug plans, and premium amounts paid directly by enrollees to plans. (The last item is on an estimated basis; see footnote 2.) Includes amounts for the transitional assistance benefits in 2004-2006.

⁹ The financial status of the program depends on both the total net assets and the liabilities of the program.

¹⁰ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

¹¹ Includes the impact of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

¹² General fund transfers of \$6.7 million could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are abnormally low for FY 1995 and abnormally high for FY 1996.

¹³ Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided for by the Balanced Budget Act of 1997.

¹⁴ Includes an estimated \$1,779 million for premiums paid directly to Part D plans. See also footnotes 2 and 8.

¹⁵ Income.

¹⁶ Disbursements.

¹⁷ Trust Fund.

¹⁸ Amount in millions. ¹⁹ Net increase in fund. ²⁰ Fund at end of year.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

Table III.3
Medicare SMI Part B Trust Fund Income
Selected Fiscal Years

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions ^{1, 2}		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$1,270	\$647	\$647	--	\$623	\$623	--
1970	1,863	936	936	--	928	928	--
1975	4,217	1,887	1,736	\$151	2,330	1,711	\$619
1980	9,860	2,928	2,637	291	6,932	5,608	1,324
1985	23,422	5,524	5,042	482	17,898	15,072	2,826
1990	44,704	11,494 ³	10,138	995	33,210	31,107	2,103
1995	56,232	19,244	17,126	2,117	36,988	31,146	5,842
1996	80,633	18,931	16,858	2,073	61,702	52,353	9,349
1997	78,613	19,141	16,984	2,158	59,471	51,082	8,390
1998	79,346	19,427	17,153	2,274	59,919	51,483	8,436
1999	82,345	20,160	17,722	2,438	62,185	53,653	8,532
2000	86,076	20,515	17,961	2,554	65,561	54,741	10,820
2001	92,146	22,307	19,447	2,861	69,838	57,817	12,021
2002	102,744	24,427	21,173	3,254	78,318	65,650	12,668
2003	107,739	26,834	23,114	3,720	80,905	67,496	13,409
2004	124,859	30,341	25,873	4,468	94,518	76,113	18,405
2005	149,942	35,940	30,394	5,546	114,002	92,002	22,000
2006	175,884	41,629	35,606	6,023	134,255	111,140	23,115
2007	183,565	45,743	38,552	7,190	137,822	113,903	23,919
Percent change							
1967-2007	14,354	6,970	5,859	---	22,022	18,183	---
1975-2007	4,253	2,324	2,121	4,662	5,815	6,557	3,764
2004-2005	20	18	17	24	21	21	20
2005-2006	17	16	17	9	18	21	5
2006-2007	4	10	8	19	3	2	3

¹ Interest on delayed transfers from general funds is included.

² Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The government contributions include adjustments to maintain adequate contingency levels. Some of the adjustments increase the contingency levels when they have been depleted and in other cases decrease the levels when they are more than sufficient.

³ Total includes the catastrophic premiums due to the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds." Legislation mandates that from January 1984 through December 1990, and January 1996 and thereafter the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half of the actuarial rate.

SOURCE: CMS/OACT

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**Table III.4, Medicare Ratio of SMI Benefit Payments to Premium Income
Selected Fiscal Years**

FY	Total Benefit ¹	Aged Benefit ¹	Disabled Benefit ¹	Total ²	Aged ²	Disabled ²
1967 ³	\$664	\$664	--	1.0	1.0	--
1970 ³	1,979	1,979	--	2.1	2.1	--
1975 ³	3,765	3,289	\$476	2.0	1.9	3.2
1980 ³	10,144	8,497	1,647	3.5	3.2	5.7
1985 ³	21,808	19,077	2,731	3.9	3.8	5.7
1990 ³	41,498	36,837	4,661	3.7	3.6	4.7
1995 ³	63,491	54,831	8,660	3.3	3.2	4.1
1996 ³	67,176	57,816	9,360	3.5	3.4	4.5
1997 ³	71,133	61,002	10,131	3.7	3.6	4.7
1998 ³	75,815	65,144	10,670	3.9	3.8	4.7
1999 ³	79,187	68,025	11,162	3.9	3.8	4.6
2000 ³	88,918	76,450	12,468	4.3	4.3	4.9
2001 ³	100,569	86,078	14,491	4.5	4.4	5.1
2002 ³	108,163	91,868	16,295	4.4	4.3	5.0
2003 ³	119,524	100,564	18,961	4.5	4.4	5.1
2004 ³	131,357	109,890	21,467	4.3	4.2	4.8
2005 ³	148,410	123,666	24,744	4.1	4.1	4.5
2006 ³	158,021	131,268	26,752	3.8	3.7	4.4
2007 ³	177,229	146,581	30,648	3.9	3.8	4.3
1967-2007 ⁴	26,591	21,975	--			
1975-2007 ⁴	4,607	4,357	6,339			
1985-2007 ⁴	713	668	1,022			
1995-2007 ⁴	179	167	254			
2004-2005 ⁴	13	13	15			
2005-2006 ⁴	13	13	15			
2006-2007 ⁴	12	12	15			

¹Benefit Payments.

²Ratio of Benefit Payments to Premium Income.

³Amount in millions.

⁴Percent Change.

NOTE: For 2005-2007, includes the misallocated benefits that were erroneously paid by Part B and QIO expenses. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Federal Hospital Insurance and the Federal Supplementary Medical Insurance Trust Funds."

SOURCE: CMS/OACT

December 2008

Table III.5

**Medicare Administrative Expenses
Selected Fiscal Years**

Fiscal Year	Administrative Expenses	
	Amount in millions	Percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1990	774	1.2
1995	1,300	1.1
1996	1,229	1.0
1997	1,661 ¹	1.2
1998	1,653 ¹	1.2
1999	1,978 ¹	1.5
2000	2,350 ¹	1.9
2001	2,368 ¹	1.7
2002	2,464 ¹	1.7
2003	2,541 ¹	1.7
2004	2,920 ¹	1.8
2005	2,850 ¹	1.6
2006	3,086 ¹	1.7
2007	2,636 ¹	1.3
SMI Trust Fund²		
1967	135 ³	20.3
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1990	1,524	3.7
1995	1,722	2.7
1996	1,771	2.6
1997	1,420	2.0
1998	1,435	1.9
1999	1,510	1.9
2000	1,780	2.0
2001	1,986	2.0
2002	1,830	1.7
2003	2,356	1.9
2004	2,817	2.1
2005	2,914	1.9
2006	3,474	1.8
2007	3,426	1.5

¹ Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

² Includes Part D beginning in FY 2004.

³ Includes expenses paid in fiscal years 1966 and 1967.

Table III.6
Medicare Contractors
2008

	Intermediaries	Carriers
Blue Cross/Blue Shield	19	15
Other	2	3

NOTE: Data for FY 2008. Numbers do not include A/B MACs or DMACs.

SOURCE: CMS/OFM

December 2008

Table III.7
Medicare Redeterminations

	Cases Involved		
	Intermediary		Carrier
	Part A	Part B	Part B
Number Processed	72,747	177,117	1,906,789
Percent Reversed (Incl. Fully & Partially Reversed Cases)	28.1	54.0	55.3

NOTES: Data for Fiscal Year 2008. Data presented in cases.

SOURCE: CMS/OFM

December 2008

**Table III.8, Medicare Physician/Supplier Claims Charge Reductions
Selected Fiscal Years 1980 - 2008**

FY	In thousands ¹	% Reduced ¹	In millions ²	% Reduced ²	Reduced Claim ²
1980 ³	70,937	80.0	\$6,878	22.5	\$21.81
1985 ³	168,587	81.7	20,743	27.0	33.19
1990 ³	329,061	87.6	48,711	32.6	48.22
1995 ³	534,972	86.4	91,672	42.2	72.31
1996 ³	544,639	87.1	96,205	44.4	78.42
1997 ³	564,461	87.5	102,279	45.7	82.74
1998 ³	573,077	87.6	105,682	46.5	85.91
1999 ³	586,227	88.7	113,008	47.5	91.76
2000 ³	612,875	88.3	124,024	47.7	96.69
2001 ³	646,131	87.7	139,272	47.9	103.22
2002 ³	722,826	87.7	152,373	56.3	135.31
2003 ³	749,313	90.1	184,370	51.8	127.43
2004 ³	796,291	90.8	209,051	52.6	138.34
2005 ³	839,900	91.3	232,129	54.0	146.64
2006 ³	840,991	87.4	243,922	52.5	152.64
2007 ³	823,586	93.3	250,730	57.5	174.81
2008 ³	844,570	94.5	270,508	58.4	187.15
1980 ⁴	66,207	83.7	\$6,527	22.3	\$21.96
1985 ⁴	77,646	84.6	10,051	25.6	33.12
1990 ⁴	75,879	90.3	8,702	25.3	28.97
1995 ⁴	32,695	83.9	2,725	15.6	13.01
1996 ⁴	24,390	84.5	2,071	15.6	13.22
1997 ⁴	19,765	84.4	1,726	16.3	14.23
1998 ⁴	16,051	82.9	1,450	16.9	15.26
1999 ⁴	14,061	81.6	1,321	17.5	16.49
2000 ⁴	13,128	79.4	1,301	18.1	17.85
2001 ⁴	12,200	77.7	1,254	18.1	18.59
2002 ⁴	11,352	79.8	1,107	17.2	21.01
2003 ⁴	11,101	81.7	1,058	15.2	15.03
2004 ⁴	10,597	83.3	1,050	16.3	16.17
2005 ⁴	9,809	84.4	1,017	17.4	18.04
2006 ⁴	8,761	82.3	924	17.5	18.46
2007 ⁴	7,503	87.6	798	18.3	19.41
2008 ⁴	7,009	89.1	772	18.6	20.44

¹Claims Approved.

²Total Covered Charges.

³Assigned (HCFA-1490/1500)

⁴Unassigned (HCFA-1490/1500)

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: CMS/OFM

December 2008

Table III.9

**Medicare Charge Determination Data for Physician/Supplier Claims
Selected Fiscal Years 1975-2008**

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made			
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction	
					Total in thousands	Percent of Covered Charges Avg. Amount per Approved Claim
1975	75,694	\$5,324,636	50,738	67.0	\$863,847	16.2
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6
1994	538,808	86,344,476	473,907	88.0	35,823,544	41.5
1995	567,666	94,396,848	489,467	86.2	39,108,517	41.4
1996	569,029	98,276,302	494,764	86.9	43,035,169	43.8
1997	584,226	104,004,862	510,568	87.4	46,987,436	45.2
1998	589,128	107,132,423	515,427	87.5	49,475,682	46.2
1999	600,288	114,329,416	531,776	88.6	54,023,415	47.3
2000	626,003	125,325,545	551,784	88.1	59,491,359	47.5
2001	658,003	140,525,531	576,428	87.6	66,918,719	47.6
2002	721,854	164,157,590	637,918	88.4	82,053,460	50.0
2003	760,414	185,427,866	673,846	88.6	93,614,898	50.5
2004	806,888	210,101,630	719,566	89.2	108,045,544	51.4
2005	849,709	233,147,025	761,788	89.7	123,332,600	52.9
2006	849,252	244,846,729	728,116	85.7	126,631,974	51.7
2007	831,089	251,528,546	762,103	91.7	142,487,455	56.6
2008	851,579	271,280,701	789,114	92.7	156,384,382	57.6

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: CMS/OFM

December 2008

Table III.10, Medicaid Administrative Expenses, Fiscal Years 2004 - 2006

	2004 ⁴	2005 ⁴	2006 ⁴	'2007 ⁴
Total Payments Computable for Federal Funding ¹	\$14,503,895	\$15,174,358	\$16,045,154	\$16,423,091
Federal Share ¹				
Family Planning	\$31,394	\$32,768	\$27,814	\$29,179
Design, Development or Installation of MMIS ²	382,248	243,837	223,015	291,738
Skilled Professional Medical Personnel	374,289	446,952	414,534	421,118
Operation of an Approved MMIS	1,081,075	1,164,110	1,206,772	1,192,355
Mechanized Systems Not Approved Under MMIS	146,258	80,830	93,128	83,627
All Other	6,014,626	6,358,260	6,783,681	6,953,255
Total Federal Share	\$8,029,890	\$8,326,757	\$8,748,944	\$8,971,272
Net Adjusted Federal Share ³	\$8,048,054	\$8,256,214	\$8,730,266	\$8,982,162

¹ Source: Form CMS-64 (Net Expenditures Reported -- Administration).

² Medicaid Management Information System.

³ Includes CMS adjustments.

⁴ Amount in thousand.

SOURCE: CM S/CMSO

December 2008

Table IV.1

**Medicare Enrollees
Selected Years**

	1975	1980	1985	1990	1995	2000	2005	2006	2007	2008
Number in millions										
HI and/or SMI Part B										
Total	24.5	28.3	31.0	34.1	37.4	39.6	42.4	43.2	43.9	44.7
Aged	22.4	25.3	28.0	30.8	33.1	34.2	35.7	36.2	36.7	37.4
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.7	7.0	7.2	7.3
HI										
Total	24.1	27.9	30.5	33.6	37.0	39.1	42.0	42.8	43.6	44.3
Aged	22.0	24.9	27.5	30.3	32.6	33.8	35.3	35.8	36.4	37.1
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.7	7.0	7.2	7.3
SMI Part B										
Total	23.3	27.1	29.7	32.4	35.5	37.3	39.6	40.2	40.8	41.4
Aged	21.5	24.4	27.1	29.5	31.6	32.5	33.7	34.0	34.5	35.0
Disabled	1.8	2.7	2.7	2.9	3.9	4.7	5.9	6.1	6.3	6.4
HI and SMI Part B	23.0	26.7	29.2	31.9	35.1	36.8	39.2	39.8	40.5	41.1
HI Only	1.1	1.2	1.2	1.7	1.9	2.3	2.8	3.0	3.1	3.3
SMI Part B Only	0.4	0.5	0.5	0.5	0.4	0.4	0.3	0.3	0.3	0.3

NOTES: Data through 2006 are historical and may have been revised from earlier editions. Data for FY 2007 and FY 2008 represents projections.

SOURCE: CM S/OACT

December 2008

Table IV.2

**Medicare HI and/or SMI Enrollment Demographics
2007**

	Total	Male	Female
All Persons	44,263,111	19,621,390	24,641,721
Aged Persons	36,965,846	15,755,758	21,210,088
65 - 74	19,076,649	8,878,472	10,198,177
75 - 84	12,764,215	5,266,848	7,497,367
85 and over	5,124,982	1,610,438	3,514,544
Disabled Persons	7,297,265	3,865,632	3,431,633
Under 45	1,815,142	986,241	828,901
45 - 54	2,279,892	1,208,498	1,071,394
55 - 64	3,202,231	1,670,893	1,531,338
White	36,906,503	16,367,472	20,539,031
Black or African American	4,446,973	1,898,403	2,548,570
American Indian/Alaska Native	185,666	83,184	102,482
Asian/Pacific Islander	803,627	347,878	455,749
Hispanic	1,082,009	506,584	575,425
Other	766,499	390,795	375,704
Unknown Race	71,834	27,074	44,760

NOTE: Data are as of July 1.

SOURCE: CMS/ORDI

December 2008

Table IV.3

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
2007**

	Number of Enrollees
All Persons	394,498
Age	
Under 65	214,404
65 and over	180,094
Sex	
Male	220,959
Female	173,539
Race	
White	211,020
Black or African American	135,044
Asian / Pacific Islander	9,931
Hispanic	21,068
American Indian / Alaska Native	4,911
Other	10,711
Unknown	1,813

NOTES: Data as of July 1, 2007.

SOURCE: C MS/ORDI

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Table IV.4, Medicare HI Enrollment Demographics, Selected Years

Year	In thousands ¹	Total ²	65-69 ²	70-74 ²	75-79 ²	80-84 ²	85+ ²	Median Age ³
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0
2000	34,247	100.0	26.5	24.8	21.0	14.0	12.4	74.6
2003	35,001	100.0	26.8	23.7	20.6	14.9	12.8	74.7
2004	35,328	100.0	27.4	23.3	20.3	15.2	12.9	74.8
2005	35,777	100.0	27.4	23.1	20.1	15.2	13.2	74.8
2006	35,953	100.0	28.1	23.2	19.9	15.2	13.6	74.7
2007	43,909	100.0	23.9	19.2	16.2	12.5	11.5	74.6

¹Number in thousands.

²Percent Distribution by Age.

³Median Age in Years.

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/ORDI

December 2008

Table IV.5, Medicare Aged Hospital Insurance Enrollment Demonstration
Selected Years

Year	All Persons	Total ^{1,2}	White ^{1,2}	NWhite ^{1,2,4}	Unknown ^{1,2}	Total ^{1,3}	White ^{1,3}	NWhite ^{1,3,4}	Unknown ^{1,3}
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8
1990	100.0	40.3	35.2	3.9	1.2	57.7	52.1	5.8	1.9
1995	100.0	40.7	35.9	3.8	1.0	59.3	52.2	5.8	1.4
2000	100.0	41.2	35.9	5.2	0.1	56.8	50.9	7.6	0.2
2003	100.0	41.8	36.2	5.5	0.1	58.1	50.0	7.9	0.2
2004	100.0	42.0	36.3	5.6	0.1	58.0	49.8	8.1	0.1
2005	100.0	42.2	36.4	5.7	0.1	57.8	49.4	8.3	0.1
2006	100.0	42.6	36.6	6.0	0.1	57.4	48.8	8.5	0.1
2007	100.0	44.3	37.0	7.3	0.6	55.7	46.4	9.2	0.1

¹Percent Distribution of Aged Enrollees by Sex and Race

²Male.

³Female.

⁴Non-White.

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/ORDI

December 2008

Table IV.6
Medicare State Buy-Ins for SMI
2000 - 2007

Type of Beneficiary ¹	2000	2004	2005	2006	2007
All Persons					
Number	5,549,170	6,539,825	6,844,885	7,115,145	7,307,020
Percent of SMI Enrolled	14.9	16.7	17.3	17.6	17.6
Aged					
Number	3,632,069	4,085,885	4,225,838	4,352,514	4,421,795
Percent of SMI Enrolled	11.1	12.2	12.5	12.7	12.7
Disabled					
Number	1,917,101	2,453,938	2,619,046	2,762,630	2,885,223
Percent of SMI Enrolled	41.2	44.4	45.1	45.6	46

¹ Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCE: CMS/ORDI

December 2008

Table IV.7

**Medicare Part D Enrollment by Age Group
2008**

	Total	Male	Female
	In thousands		
All Persons	25,935	10,463	15,472
Aged	20,780	7,892	12,889
65-74 years	10,592	4,485	6,107
75-84 years	7,181	2,615	4,566
85 years and over	3,008	792	2,216
Disabled	5,155	2,579	2,584
Under 45 years	1,438	771	667
45-54 years	1,637	848	789
55-64 years	2,081	953	1,128

NOTE: Data as of October 2008, as recorded in MIIR. Totals may not add due to rounding.

SOURCE: CMS/ORDI

December 2008

Table IV.8

**Medicaid Enrollment and Beneficiaries
Selected Fiscal Years**

	1975	1980	1985	1990	1995	2000	2005	2006	2007	2008
Average monthly enrollment in millions										
Total	NA	NA	NA	22.9	33.4	33.6	45.5	46.9	48.1	49.0
Aged	NA	NA	NA	3.1	3.7	3.7	4.6	4.9	5.0	5.1
Blind/Disabled	NA	NA	NA	3.8	5.8	6.7	8.1	8.3	8.5	8.6
Children	NA	NA	NA	10.7	16.5	16.2	22.3	22.9	23.5	24.0
Adults	NA	NA	NA	4.9	6.7	6.9	10.6	10.8	11.1	11.3
Other Title XIX	NA	NA	NA	0.5	0.6	NA	NA	NA	NA	NA
SCHIP	NA	NA	NA	NA	NA	2.0	4.4	4.4	4.6	5.1
Unduplicated annual enrollment in millions										
Total	22.4	21.6	21.8	25.3	42.5	43.3	57.7	59.4	60.9	62.1
Aged	3.7	3.4	3.1	3.2	4.4	4.3	5.5	5.8	6.0	6.1
Blind/Disabled	2.4	2.8	3.0	3.7	6.5	7.5	9.0	9.3	9.5	9.6
Children	9.8	9.3	9.8	11.2	21.3	20.9	27.8	28.5	29.2	29.8
Adults	4.7	4.8	5.5	6.0	9.4	10.6	15.4	15.8	16.2	16.5
Other Title XIX	1.9	1.5	1.2	1.1	0.9	NA	NA	NA	NA	NA
SCHIP	NA	NA	NA	NA	NA	3.3	6.8	6.9	7.2	7.9

NOTES: Territories not included. Medicaid enrollment excludes Medicaid expansion SCHIP programs. SCHIP numbers include adults covered under waivers. Medicaid numbers after 2005 and SCHIP numbers after 2006 are estimates from the President's FY 2009 budget. Categories may not add to totals due to rounding.

SOURCES: CMS/CMSO/OACT

December 2008

Table IV.9, Medicaid Eligibles Demographics, Selected Fiscal Years

	2002 ¹	2003 ¹	2004 ¹	2005 ¹
Total eligibles	51.5	55.4	58.2	58.7
Age	51.5	55.4	58.2	58.7
Under 21	27.8	29.8	31.4	31.9
21 - 64	18.0	19.5	20.7	20.8
65 and over	5.5	5.9	6.0	6.0
Unknown	0.1	0.1	0.1	0.1
Sex	51.5	55.4	58.2	58.7
Male	20.7	22.4	23.6	23.8
Female	30.7	32.9	34.5	34.8
Unknown	0.3	0.1	0.1	0.1
Race	51.5	55.4	58.2	58.7
White, not Hispanic	22.5	24.2	25.4	24.9
Black/African American	12.2	12.9	13.4	13.6
American Indian/Alaska Native	0.7	0.8	0.8	0.8
Asian	1.2	1.5	1.5	1.7
Hawaiian/Pacific Islander	0.6	0.6	0.5	0.6
Hispanic	10.8	12.1	12.8	14.0
Other	0.1	--	--	0.1
Unknown	3.4	3.3	3.6	3.2

-- Less than 100,000.

¹Numbers in millions.

NOTES: Totals do not necessarily equal the sum of rounded components. Eligible is defined as any one eligible and enrolled in the Medicaid program at some point during the fiscal year, regardless of duration of enrollment, receipt of a paid medical service, or whether or not a capitated payment for managed care or private health insurance coverage has been made.

SOURCE: CMS/CMSO

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Table IV.10, Life Expectancy at Birth and at Age 65 by Race and Sex: United States, Selected Calendar Years

Year ¹	Both Sexes ²		Male ²		Female ²		Both Sexes ³		Male ³		Female ³		Both Sexes ⁴		Male ⁴	Female ⁴
1950 ⁵	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9							
1980 ⁵	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5							
1985 ⁵	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4							
1990 ⁵	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6							
1995 ⁵	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9							
2000 ⁵	77.0	74.3	79.7	77.6	74.9	80.1	71.9	68.3	75.2							
2001 ⁵	77.2	74.4	79.8	77.7	75.0	80.2	72.2	68.6	75.5							
2002 ⁵	77.3	74.5	79.9	77.7	75.1	80.3	72.3	68.8	75.6							
2003 ⁵	77.5	74.8	80.1	78.0	75.3	80.5	72.7	69.0	76.1							
2004 ⁵	77.8	75.2	80.4	78.3	75.7	80.8	73.1	69.5	76.3							
2005 ⁵	77.8	75.2	80.4	78.3	75.7	80.8	73.2	69.5	76.5							
1950 ⁶	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9							
1980 ⁶	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8							
1985 ⁶	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9							
1990 ⁶	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2							
1995 ⁶	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1							
2000 ⁶	18.0	16.2	19.3	18.0	16.3	19.4	16.2	14.2	17.7							
2001 ⁶	18.1	16.4	19.4	18.2	16.5	19.5	16.4	14.4	17.9							
2002 ⁶	18.2	16.6	19.5	18.2	16.6	19.5	16.6	14.6	18.0							
2003 ⁶	18.4	16.8	19.8	18.5	16.9	19.8	17.0	14.9	18.5							
2004 ⁶	18.7	17.1	20.0	18.7	17.2	20.0	17.1	15.2	18.6							
2005 ⁶	18.7	17.2	20.0	18.8	17.2	20.0	17.2	15.2	18.7							

¹Calendar year.

²All races.

³White.

⁴Black.

⁵At birth.

⁶At age 65.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, Health United States, 2007.

Table IV.11

**Period Life Expectancy at Age 65,
Historical and Projected Intermediate Alternative**

Calendar Year	Male	Female
Number in years		
1965	12.9	16.3
1980	14.0	18.4
1990	15.1	19.1
2000	15.9	19.0
2010 ¹	16.9	19.3
2020 ¹	17.6	19.8
2030 ¹	18.2	20.3
2040 ¹	18.8	20.9
2050 ¹	19.3	21.4
2060 ¹	19.8	21.9
2070 ¹	20.3	22.4
2080 ¹	20.8	22.8
2090 ¹	21.3	23.3
2100 ¹	21.7	23.7

¹ Preliminary.

SOURCE: Social Security Administration, Office of the Chief Actuary, based on the 2008 Trustees Report.

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Table V.1

**Medicare Short-Stay Hospital Utilization
Selected Fiscal Years**

	1990	2000	2004	2005	2006	2007
HI Fee-for-Service Enrollees, United States, Territories, and Possessions (in thousands)	32,736	32,033	35,682	35,984	35,147	34,141
Discharges						
Total in millions	10.5	11.8	13.0	13.0	12.3	12.3
Rate per 1,000 Enrollees ¹	321	366	362	359	355	350
Days of Care						
Total in millions	94	71	75	75	71	69
Rate per 1,000 Enrollees ¹	2,838	2,196	2,091	2,056	2,023	2,034
Average Length of Stay						
All short-stay	9.0	6.0	5.8	5.7	5.7	5.7
Excluded Units ²	19.5	12.3	11.5	11.6	11.8	11.9
Total Charges per Day	\$1,060	\$2,720	\$4,458	\$4,882	\$5,344	\$5,752

¹ The population base is HI fee-for-service enrollment excluding HI enrollees residing in foreign countries.

² Includes alcohol/drug, psychiatric, and rehabilitation units through 1990, and psychiatric and rehabilitation units from 2000 through 2007.

SOURCE: CMS/ORDI

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Table V.2

**Medicare Short-Stay Hospital Days per Person by Days of Care
Calendar Year 2007**

Total Days of Care	Persons Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	7,125,935	100.0	---	68,048,295	100.0	9.5
1 day	786,755	11.0	11.0	786,755	1.2	1.0
2 days	809,355	11.4	22.4	1,618,710	2.4	2.0
3 days	899,755	12.6	35.0	2,699,265	4.0	3.0
4 days	686,085	9.6	44.7	2,744,340	4.0	4.0
5 days	517,780	7.3	51.9	2,588,900	3.8	5.0
6 days	422,190	5.9	57.8	2,533,140	3.7	6.0
7 days	351,280	4.9	62.8	2,458,960	3.6	7.0
8 days	287,650	4.0	66.8	2,301,200	3.4	8.0
9 days	236,485	3.3	70.1	2,128,365	3.1	9.0
10 days	203,670	2.9	73.0	2,036,700	3.0	10.0
11 days	178,145	2.5	75.3	1,959,595	2.9	11.0
12 days	154,440	2.2	77.5	1,853,280	2.7	12.0
13 days	138,340	1.9	79.6	1,798,420	2.6	13.0
14 days	126,830	1.8	81.4	1,775,620	2.6	14.0
15 days	111,305	1.6	82.9	1,669,575	2.5	15.0
16 days	98,210	1.4	84.3	1,571,360	2.3	16.0
17 days	87,820	1.2	85.5	1,492,940	2.2	17.0
18 days	78,770	1.1	86.7	1,417,860	2.1	18.0
19 days	72,025	1.0	87.7	1,368,475	2.0	19.0
20 days	64,910	0.9	88.6	1,298,200	1.9	20.0
21-30 days	416,175	5.8	94.3	10,239,325	15.0	24.8
31-40 days	184,550	2.6	96.9	6,441,440	9.5	34.9
41-50 days	91,205	1.3	98.2	4,102,835	6.0	45.0
51-60 days	49,980	0.7	99.0	2,750,355	4.0	55.0
61-90 days	54,565	0.8	99.8	3,917,490	5.8	71.8
91 days or more	20,660	0.3	100.0	2,495,190	3.7	120.8

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 2007 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2008. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

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Table V.3

**Medicare Short-Stay Hospital Discharges by Length of Stay
Calendar Year 2007**

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
TOTAL	12,036,270	100.0	--	68,048,295	100.0	--
1 day	1,672,440	13.9	13.9	1,672,440	2.5	2.5
2 days	1,750,675	14.5	28.4	3,501,350	5.1	7.6
3 days	1,943,940	16.2	44.6	5,831,820	8.6	16.2
4 days	1,496,170	12.4	57.0	5,984,680	8.8	25.0
5 days	1,097,970	9.1	66.1	5,489,850	8.1	33.0
6 days	842,235	7.0	73.1	5,053,410	7.4	40.5
7 days	664,020	5.5	78.7	4,648,140	6.8	47.3
8 days	492,490	4.1	82.7	3,939,920	5.8	53.1
9 days	359,530	3.0	85.7	3,235,770	4.8	57.8
10 days	281,955	2.3	88.1	2,819,550	4.1	62.0
11 days	224,195	1.9	89.9	2,466,145	3.6	65.6
12 days	176,750	1.5	91.4	2,121,000	3.1	68.7
13 days	153,255	1.3	92.7	1,992,315	2.9	71.6
14 days	141,755	1.2	93.9	1,984,570	2.9	74.6
15 days	109,260	0.9	94.8	1,638,900	2.4	77.0
16 days	83,850	0.7	95.5	1,341,600	2.0	78.9
17 days	68,855	0.6	96.0	1,170,535	1.7	80.7
18 days	59,305	0.5	96.5	1,067,490	1.6	82.2
19 days	48,200	0.4	96.9	915,800	1.3	83.6
20 days	43,570	0.4	97.3	871,400	1.3	84.9
21-30 days	218,125	1.8	99.1	5,315,540	7.8	92.7
31-40 days	59,235	0.5	99.6	2,055,140	3.0	95.7
41-50 days	22,875	0.2	99.8	1,026,820	1.5	97.2
51-60 days	10,625	0.1	99.9	584,300	0.9	98.1
61-90 days	10,615	0.1	100.0	761,600	1.1	99.2
91 days or more	4,375	(1)	100.0	558,210	0.8	100.0

¹ Less than 0.05%

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 2007 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2008. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CM S/ORDI

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Table V.5

**Medicare Ranking for all Short-Stay Hospital
Fiscal Year 2007**

FY Rank ¹ 2007		Descriptions
1	127	Heart Failure and Shock
2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complications and Comorbidities
3	544	Major Joint Replacement or Reattachment of Lower Extremity
4	088	Chronic Obstructive Pulmonary Disease
5	430	Psychoses
6	576	Carotid Artery Stent Procedure
7	316	Renal Failure
8	182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with Complications and Comorbidities
9	014	Intracranial Hemorrhage or Cerebral Infarction
10	462	Rehabilitation
11	174	G.I. Hemorrhage, with Complications and Comorbidities
12	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complications and Comorbidities
13	320	Kidney & Urinary Tract Infections, Age > 17 with Complications and Comorbidities
14	143	Chest Pain
15	138	Cardiac Arrhythmia and Conduction Disorders, with Complications and Comorbidities
16	079	Respiratory Infections and Inflammations, Age over 17 with Complications and Comorbidities
17	121	Circulatory Disorders with Acute Myocardial Infarction, and Major Complications, Discharged Alive
18	558	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without Major CV Diagnosis
19	210	Hip and Femur Procedures except Major Joint, Age over 17 without Complications and Comorbidities
20	141	Syncope and Collapse with Complications and Comorbidities
21	277	Cellulitis, Age over 17 with Complications and Comorbidities
22	087	Pulmonary Edema & Respiratory Failure
23	395	Red Blood Cell Disorders, Age over 17
24	144	Other Circulatory System Diagnoses, with Complications and Comorbidities
25	124	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Cath and Complex Diagnoses

¹Ranked by Discharges

SOURCE: CMS/ORDI

Table V.6a

**MEDICARE PART B PHYSICIAN/SUPPLIER UTILIZATION AND EXPENDITURE DATA RANKED BY CPT CODE
CALENDAR YEAR 2007**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes²			
99213	Office/outpatient visit, est	\$6,047,833,951	5.5
99214	Office/outpatient visit, est	\$5,782,803,119	5.2
99232	Subsequent hospital care	\$3,268,459,610	2.9
66984	Cataract surg w/ol, 1 stage	\$2,163,935,429	2.0
99233	Subsequent hospital care	\$1,802,195,665	1.6
99285	Emergency dept visit	\$1,261,647,610	1.1
88305	Tissue exam by pathologist	\$1,140,033,591	1.0
99244	Office consultation	\$1,080,175,045	1.0
78465	Heart image (3d), multiple	\$1,000,711,510	0.9
99223	Initial hospital care	\$985,665,624	0.9
99215	Office/outpatient visit, est	\$974,738,983	0.9
99254	Inpatient consultation	\$918,976,626	0.8
97110	Therapeutic exercises	\$906,142,949	0.8
92014	Eye exam & treatment	\$897,135,386	0.8
93307	Echo exam of heart	\$842,732,060	0.8
99291	Critical care, first hour	\$806,852,086	0.7
99212	Office/outpatient visit, est	\$764,748,051	0.7
77418	Radiation tx delivery, imrt	\$680,515,244	0.6
99243	Office consultation	\$601,579,210	0.5
99284	Emergency dept visit	\$582,282,777	0.5
99231	Subsequent hospital care	\$579,134,425	0.5
99255	Inpatient consultation	\$575,378,459	0.5
99245	Office consultation	\$502,678,482	0.5
99203	Office/outpatient visit, new	\$467,752,536	0.4
99308	Nursing fac care, subseq	\$447,296,000	0.4
99204	Office/outpatient visit, new	\$446,072,558	0.4
98941	Chiropractic manipulation	\$445,038,164	0.4
Leading Procedure Codes³			
		\$110,887,360,860	100.0
		\$49,628,676,384	44.8

Table V.6b

**MEDICARE PART B PHYSICIAN/SUPPLIER UTILIZATION AND EXPENDITURE DATA RANKED BY CPT CODE
CALENDAR YEAR 2007**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
90806	Psytx, off, 45-50 min	\$438,010,504	0.4
92012	Eye exam established pat	\$402,285,306	0.4
27447	Total knee arthroplasty	\$394,374,535	0.4
99309	Nursing fac care, subseq	\$387,864,880	0.3
93320	Doppler echo exam, heart	\$378,027,260	0.3
96413	Chemo, iv infusion, 1 hr	\$374,129,712	0.3
99238	Hospital discharge day	\$367,492,023	0.3
93325	Doppler color flow add-on	\$367,235,004	0.3
99222	Initial hospital care	\$364,190,842	0.3
43239	Upper GI endoscopy, biopsy	\$354,072,139	0.3
99253	Inpatient consultation	\$353,880,963	0.3
45378	Diagnostic colonoscopy	\$345,588,843	0.3
93880	Extracranial study	\$341,035,283	0.3
85025	Complete cbc w/auto diff wbc	\$332,690,285	0.3
97140	Manual therapy	\$327,471,756	0.3
20610	Drain/inject, joint/bursa	\$326,446,815	0.3
45385	Lesion removal colonoscopy	\$316,298,736	0.3
84443	Assay thyroid stim hormone	\$310,644,484	0.3
70553	Mri brain w/o & w/dye	\$299,887,689	0.3
80061	Lipid panel	\$291,261,890	0.3
45380	Colonoscopy and biopsy	\$290,383,023	0.3
80053	Comprehen metabolic panel	\$285,425,242	0.3
72148	Mri lumbar spine w/o dye	\$283,128,697	0.3
11721	Debride nail, 6 or more	\$280,368,262	0.3
93000	Electrocardiogram, complete	\$274,225,689	0.2
99239	Hospital discharge day	\$265,391,361	0.2
99283	Emergency dept visit	\$259,806,567	0.2
92980	Insert intracoronary stent	\$259,255,233	0.2
17311	Mohs, 1 stage, h/h/hf/g	\$258,581,724	0.2
78815	Pet image w/ct, skull-thick	\$257,511,746	0.2
93510	Left heart catheterization	\$255,379,130	0.2

Table V.6c

**MEDICARE PART B PHYSICIAN/SUPPLIER UTILIZATION AND EXPENDITURE DATA RANKED BY CPT CODE
CALENDAR YEAR 2007**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
90862	Medication management	\$248,074,602	0.2
71020	Chest x-ray	\$247,768,432	0.2
92135	Ophth dx imaging post seg	\$245,101,921	0.2
66821	After cataract laser surgery	\$243,855,147	0.2
17000	Destruct premalg lesion	\$242,753,647	0.2
92004	Eye exam, new patient	\$233,425,286	0.2
77427	Radiation tx management, x5	\$232,332,299	0.2
72193	Ct pelvis w/dye	\$230,542,819	0.2
74160	Ct abdomen w/dye	\$230,147,641	0.2
93015	Cardiovascular stress test	\$229,240,662	0.2
70450	Ct head/brain w/o dye	\$226,768,631	0.2
71260	Ct thorax w/dye	\$215,968,831	0.2
52000	Cystoscopy	\$201,335,099	0.2
77057	Mammogram, screening	\$198,027,780	0.2
36415	Routine venipuncture	\$196,980,181	0.2
62311	Inject spine I/s (cd)	\$191,492,633	0.2

¹ Allowed charges for leading Level I procedure codes are shown as a percent of all physician and supplier allowed charges (Levels I, II, and III) submitted to Part B carriers.

² The total number of procedure codes (Levels I, II and III) is approximately 14,086.

³ Allowed charges were aggregated by procedure code and include both the physician and ASC allowed charges. The above listed 74 procedure codes (out of a total of 8,863 Level I codes) account for approximately 45% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2007 American Medical Association. All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For fuller description of each procedure, see the above publication.

SOURCE: CMS/ORDI

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**Table V.7, Leading Medicare Physician and Supplier BETOS, Classifications Based on Allowed Charge
Calendar Years 2006 and 2007**

Description		2006 Medicare Allowed Charges	2007 Medicare Allowed Charges
All BETOS Codes		\$110,388,233,006	\$110,887,360,860
BETOS Code			
M1B	Office Visits - Established	12,638,010,145	13,822,132,440
O1E	Other Drugs	7,371,619,303	7,878,886,857
M2B	Hospital Visit - Subsequent	5,820,991,330	6,390,415,419
O1A	Ambulance	4,690,494,059	4,932,708,428
M6	Consultations	4,149,426,970	4,267,156,403
P6C	Minor Procedures - Other (MFS)	3,351,391,338	3,457,370,240
D1E	Other DME	3,109,233,622	3,155,412,044
D1C	Oxygen and Supplies	2,753,989,330	2,828,809,350
T1H	Lab Tests - Other (Non-MFS)	2,522,134,821	2,730,544,969

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare & Medicaid Services effort.

SOURCE: CMS/ORDI

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Table V.8

**Medicare Persons Served by Type of Coverage
Selected Calendar Years**

	1975	1980	1985	1995	2000	2005	2006	2007
Aged Persons Served per 1,000 Enrollees								
HI and/or SMI	528	638	722	826	916	923	932	921
HI	221	240	219	218	232	234	234	231
SMI	536	652	739	858	965	979	994	989
Disabled Persons Served per 1,000 Enrollees								
HI and/or SMI	450	594	669	759	835	865	877	875
HI	219	246	228	212	196	205	205	204
SMI	471	634	715	837	943	977	998	999

NOTES: Prior to 2000, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 2000, utilization counts are based on a five-percent sample of fee-for-service beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCE: CMS/ORDI

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Table V.9

**Medicare Persons Served by Type of Service
Calendar Year 2007**

	Persons Served			
	Aged		Disabled	
	Number in Thousands ¹	Per 1000 Enrollees ²	Number in Thousands ¹	Per 1000 Enrollees ²
Hospital and/or Supplementary Medical Insurance	26,874	921	5,531	875
Hospital Insurance	6,664	231	1,288	204
Inpatient Hospital	6,009	208	1,245	197
Skilled Nursing Facility	1,692	59	136	22
Home Health Agency	1,518	53	187	30
Hospice	941	33	54	9
Supplementary Medical Insurance	26,569	989	5,471	999
Physician/Other Supplier	26,177	974	5,305	969
Outpatient	19,523	727	4,064	742
Home Health Agency	1,365	51	188	34

¹ Medicare fee-for-service enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office.

² Rates exclude members of prepaid health care plans.

SOURCE: CMS/ORDI

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Table V.10, Medicare Use of Selected Types of Long-Term Care, Calendar Years 1982 - 2007

Calendar Year	Persons Served ^{2,4}	Rate per 1,000 ^{2,5}	Persons Served ^{3,4}	Rate per 1,000 ^{3,5}
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86
1995	1,240	33	3,457	93
1996	1,384	37	3,627	95
1997	1,503	46 ¹	3,558	108 ¹
1998	1,447	45 ¹	3,062	95 ¹
1999	1,390	47 ¹	2,720	85 ¹
2000	1,468	45 ¹	2,461	75 ¹
2001	1,545	46 ¹	2,403	71 ¹
2002	1,561	45 ¹	2,544	73 ¹
2003	1,662	46 ¹	2,681	75 ¹
2004	1,752	49 ¹	2,667	85 ¹
2005	1,847	51 ¹	3,122	85 ¹
2006	1,838	52 ¹	3,173	89 ¹
2007	1,828	52 ¹	3,258	92 ¹

¹Excludes managed care enrollees in rate.

²Skilled Nursing Facilities.

³Home Health Agencies.

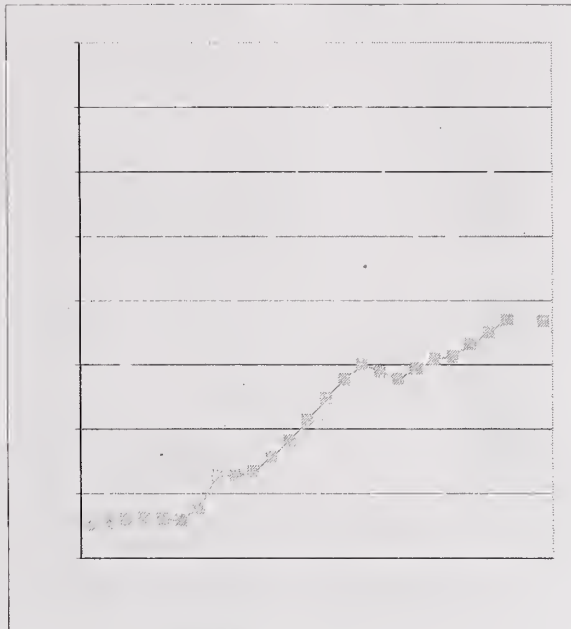
⁴Persons served in thousands.

⁵Rate per 1,000 enrollees.

SOURCE: CMS/ORDI

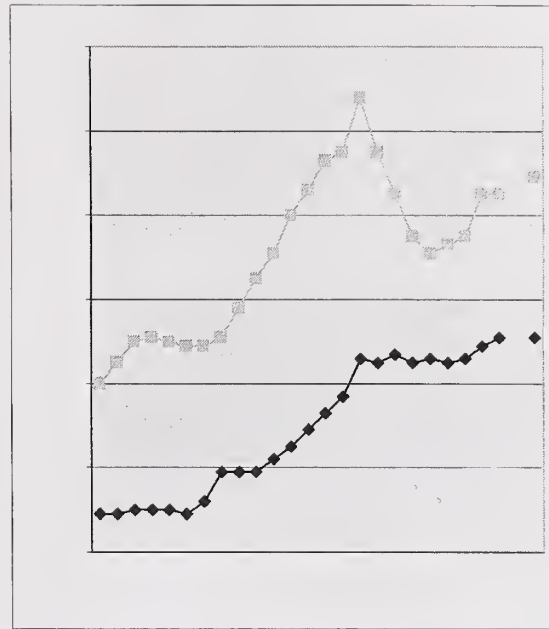
December 2008

Persons Served in Thousands



SOURCES: CMS/ORDI

Rates Per 1,000 Enrollees



December 2007

**Table V.11, Medicare End Stage Renal Disease (ERSD) Incidence,
Trends by Demographics**

	2003 ²	2004 ²	2005 ²
Total - All Patients	89,410	90,784	91,373
Age			
0-19 years	818	862	776
20-64 years	38,877	39,801	39,964
65-74 years	23,815	23,908	23,683
75 years years and over	25,900	26,213	26,950
Sex			
Male ¹	48,739	50,417	50,949
Female	40,671	40,367	40,424
Race			
White	59,547	60,945	61,448
African American	24,972	24,635	25,140
Other/Unknown	4,891	5,204	4,785

¹ Includes small number of unknowns.

²Calendar Year.

SOURCE: United States Renal Data System

December 2008

**Table V.12, Medicare End Stage Renal Disease (ESRD) Point Prevalance,
by Treatment of Modality, 2005**

	Total ²	Dialysis ²	Functioning Graft ²
Total - All Patients	406,812	307,952	98,860
Age			
0-19 years	3,696	1,533	2,163
20-64 years	238,218	161,757	76,461
65-74 years	90,707	73,694	17,013
75 years and over	74,191	70,968	3,223
Sex			
Male ¹	227,782	168,548	59,234
Female	179,030	139,404	39,626
Race			
White	246,546	173,797	72,749
African American	134,204	113,950	20,254
Other/Unknown	26,062	20,205	5,857

¹ Includes small number of unknowns.

²Treatment Modality.

SOURCE: United States Renal Data System

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Table V.13

Home Health Agency - Medicare National Summary

Calendar Year	Total Patients	Total Reimbursement	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
2005	2,979,297	\$12,885,434,951	95,536,624	\$4,325	32
2006	3,031,814	14,041,853,560	103,931,188	4,632	34
2007	3,095,899	15,677,329,001	114,198,915	5,064	37

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

Table V.14

Hospice - Medicare National State Summary

Calendar Year	Total Patients	Total Reimbursement	Total Covered Days	Average Reimbursement Per Patient	Average Days Per Patient
2005	871,249	\$7,903,597,514	58,338,000	\$9,072	67
2006	939,331	9,237,159,630	68,624,748	9,834	73
2007	996,453	10,345,148,423	71,843,397	10,382	72

NOTE: Data include Puerto Rico and Virgin Islands.

Table V.15

Skilled Nursing Facilities - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
2005	1,981,832	\$19,031,937,365	65,870,299	\$9,603	33
2006	1,985,313	20,456,449,438	67,497,716	10,304	34
2007	1,959,486	22,151,986,332	67,982,822	11,305	35

NOTES: Reimbursement and total covered days based on discharges and continuing stays.
Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

Table V.16

Outpatient - Medicare National Summary

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge Per Patient	Average Payment Per Patient
2005	24,411,115	\$175,759,614,426	\$33,794,137,404	\$7,200	\$1,384
2006	23,992,767	195,741,495,639	35,426,201,339	8,158	1,477
2007	23,567,779	214,068,350,049	37,471,591,793	9,083	1,590

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

Table V.17

**Medicaid Eligibles by Type of Service
Fiscal Years 2001 - 2005**

	2001	2002	2003	2004	2005
	Number in thousands				
Total Eligibles	46,757	51,499	55,182	58,161	58,739
Number Using Services					
Total Beneficiaries, any service ¹	45,562	45,777	51,971	55,553	57,349
Inpatient Services					
General Hospitals	4,895	4,744	5,217	5,420	5,462
Mental Hospitals	91	96	104	117	119
Nursing Facilities Services ²	1,697	1,497	1,691	1,718	1,703
ICF Services					
Mentally Retarded	117	115	114	114	109
Physician Services	20,142	20,996	22,857	23,949	24,030
Dental Services	6,985	7,679	8,510	9,015	9,261
Other Practitioner Services	5,071	5,459	5,746	5,920	5,836
Outpatient Hospital Services	13,796	14,193	15,511	15,943	16,153
Clinic Services	8,444	9,125	10,162	11,113	11,810
Laboratory & Radiological Services	12,337	13,415	14,687	16,033	15,894
Home Health Services	1,011	1,035	1,184	1,148	1,192
Personal Care Support Services	4,970	5,511	779	851	932
Prescribed Drugs	22,004	23,909	26,075	27,970	28,162
Sterilization	145	145	160	174	178
PCCM Services	6,223	6,917	7,542	8,548	8,558
HMO Capitation	23,108	24,507	21,324	23,587	23,897
Targeted Case Management	N/A	N/A	2,468	2,478	2,709
PHP Capitation	N/A	N/A	15,810	16,995	19,741
Other Services, Unspecified	9,696	10,600	9,760	10,343	10,114
Additional Service Categories	N/A	N/A	7,094	7,458	7,727
Unknown	143	N/A	88	82	73

¹ Excludes summary records with unknown basis of eligibility, most of which are lump-sum payments not attributable to any one person.

² Nursing facilities include: SNFs and all categories of ICF, other than "MR".

³ "MR" indicates mentally retarded.

NOTES: "Total eligibles" based on preliminary data. Beginning in 1998, beneficiary counts include Medicaid eligibles enrolled in Medicaid Managed Care Organizations.

SOURCE: CM S/CMSO

December 2008

Table V.18

**National Community Hospital Utilization
1973 - 2006**

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Inpatient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994	30.7	207	6.7	383	931
1995	30.9	200	6.5	414	968
1996	31.1	194	6.2	440	1,006
1997	31.6	193	6.1	450	1,033
1998	31.8	191	6.0	474	1,067
1999	32.4	192	5.9	495	1,103
2000	33.0	192	5.8	521	1,149
2001	33.8	194	5.7	538	1,217
2002	34.5	197	5.7	556	1,290
2003	34.8	197	5.7	563	1,379
2004	35.1	198	5.6	572	1,450
2005	35.2	197	5.6	584	1,522
2006	35.3	198	5.6	600	1,612

SOURCE: American Hospital Association

December 2008

Table VI.1

**Medicare Hospital and SNF/NF/ICF Facility Counts
December 2008**

Total Hospitals	6,170
Type of Hospital	
Short-Term Hospitals under Inpatient PPS (IPPS)	3,661
--Psychiatric Units	1,247
--Rehabilitation Units	971
--Swing Bed Hospitals	558
Psychiatric	489
Long-term	399
Rehabilitation	224
Childrens	78
Religious Non-Medical	19
Critical Access	1,300
Non-Participating Hospitals	756
Emergency	406
Federal	350
Skilled Nursing Facilities (All SNF-NFs/NFs Only)	15,028
Skilled Nursing Facilities	814
--Hospital-Based	335
--Free-Standing	479
SNF-NFS Combination	14,214
--Hospital-Based	735
--Free-Standing	13,479
Title 19 Only NFs	713
--Hospital-Based	133
--Free-Standing	580
All Intermediate Care/Mentally Retarded Facilities	6,428

NOTES: This table is designed to give a "snapshot" as of December 2008 of institutional providers participating in the program by type of provider (short term, long term, rehab, etc.). Numbers may differ from other reports and program memoranda.

SOURCES: CMS/CMM/CMSO/ORDI

December 2008

Table VI.2

**Medicare Inpatient Hospitals
Selected Years**

	1980	1990	2000	2005	2006	2007
Total Hospitals	6,777	6,522	5,985	6,180	6,177	6,163
Beds in thousands	1,150	1,105	991	947	939	934
Beds per 1,000 Enrollees ¹	41.0	32.8	25.3	22.5	21.8	21.3
Short-Stay	6,104	5,549	4,900	3,790	3,702	3,675
Beds in thousands	991	970	873	812	803	797
Beds per 1,000 Enrollees ¹	35.3	28.8	22.3	19.3	18.7	18.2
Critical Access Hospitals	NA	NA	NA	1,217	1,284	1,288
Beds in thousands	--	--	--	28	29	30
Beds per 1,000 Enrollees ¹	--	--	--	0.7	0.7	0.7
Other Non-Short-Stay	673	973	1,094	1,173	1,191	1,200
Beds in thousands	159	135	118	107	107	108
Beds per 1,000 Enrollees ¹	5.7	4.0	3.0	2.5	2.5	2.4

¹ Based on number of HI enrollees as of July 1.

NOTES: Facility data for 1980 are as of July 1. Facility data for 1990, and 2000-2007 are as of December 31st., and represent essentially those facilities eligible to participate the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: C MS/ORDI

December 2008

Table VI.3

**Other Medicare Providers and Suppliers
Selected Years**

	1980	1985	1990	2005	2006	2007
Skilled Nursing Facilities	5,052	6,451	8,937	15,006	15,028	15,054
Home Health Agencies	2,924	5,679	5,730	8,090	8,618	9,024
Clinical Lab Improvement Act Facilities	NA	NA	NA	196,296	199,817	206,065
End Stage Renal Disease Facilities	999	1,393	1,937	4,755	4,892	5,095
Outpatient Physical Therapy	419	854	1,195	2,962	3,009	2,915
Portable X-Ray	216	308	443	553	549	550
Rural Health Clinics	391	428	551	3,661	3,723	3,781
Comprehensive Outpatient Rehabilitation Facilities	NA	72	186	634	589	539
Ambulatory Surgical Centers	NA	336	1,197	4,445	4,707	4,964
Hospices	NA	164	825	2,872	3,071	3,255

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2005, 2006, and 2007 are as of December 31, 2005, December 31, 2006, and December 31, 2007 respectively, and represent essentially those facilities eligible to participate at the start of the calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: C MS/ORDI

December 2008

Table VI.4

**Selected Medicare Facilities by Type of Control
2007**

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	3,675	15,054	9,024
Percent Distribution			
Voluntary	60.1	26.8	23.0
Proprietary	20.2	67.9	67.4
Government	19.6	5.2	9.6

NOTES: Data as of December 31, 2007. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCE: CMS/ORDI

December 2008

Table VI.5**Medicare PIP Facilities
Selected Years**

	1975	1980	1985	1990	2000	2007	2008
Hospitals							
Number of PIP	1,524	2,276	3,242	1,352	869	565	620
Percent of Total Participating	22.5	33.8	48.3	20.6	14.4	9.1	10.0
Skilled Nursing Facilities							
Number of PIP	161	203	224	774	1,236	462	443
Percent of Total Participating	4.1	3.9	3.4	7.3	8.3	3.1	2.9
Home Health Agencies							
Number of PIP	86	481	931	1,211	1,038	85	86
Percent of Total Participating	3.8	16.0	16.0	21.0	14.4	0.9	0.9

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCE: CM S/OFM

December 2008

Table VI.6

Medicare Participating Physician Program

Participation Status	Number of Physicians ¹	Participation Status				
		January 2008	January 2007	January 2006	January 2005	January 2004
Participating	883,316	94.9%	93.6%	93.3%	92.0%	91.9%
Billing Medicare	930,474	---	---	---	---	---

¹ Includes M.D.s, D.O.s, Limited License Practitioners, and Non-Physician Practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). CMS wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: CMS/OFM

December 2008

Table VI.7

Medicare Assigned Claims
Selected Fiscal Years

Fiscal Year	Net Assignment Rate ¹
1975	51.9
1980	51.4
1985	67.7
1990	80.9
1991	82.5
1992	85.4
1993	89.2
1994	92.1
1995	94.2
1996	95.6
1997	96.5
1998	97.2
1999	97.5
2000	97.8
2001	98.1
2002	98.3
2003	98.5
2004	98.6
2005	98.8
2006	99.0
2007	99.1
2008	99.2

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: CMS/OFM

December 2008

Table VI.8

Participation Rates as Percentage of Physicians, by Specialty Selected Periods

	Jan. 2000	Jan. 2003	Jan. 2004	Jan. 2005	Jan. 2006	Jan. 2007	Jan. 2008
	Dec. 2000	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006	Dec. 2007	Dec. 2008
Percent of Physicians Participating							
Physicians (M.D.s and D.O.s):	--	--	--	--	--	--	--
General practice	80.2	84.3	84.8	84.5	88.6	89.4	91.1
General surgery*	93.3	95.6	95.5	95.2	96.2	96.7	97.3
Otolaryngology	91.8	93.9	94.5	94.1	95.1	95.3	96.2
Anesthesiology	93.7	95.5	95.4	95.1	96.8	96.8	98.0
Cardiology	95.8	96.4	96.1	96.1	97.1	97.0	97.9
Dermatology	90.8	92.4	92.9	92.6	93.8	93.9	94.9
Family practice	90.8	93.2	93.7	93.8	94.8	94.8	96.0
Internal medicine*	90.7	92.2	92.9	92.9	94.8	94.7	96.2
Neurology	92.1	93.3	94.0	93.0	94.6	94.7	96.1
Obstetrics-gynecology	86.8	88.8	89.1	89.4	91.5	91.3	92.9
Ophthalmology	93.3	95.1	95.0	94.9	96.0	96.0	96.9
Orthopedic surgery	93.8	95.5	95.8	95.6	96.1	96.5	97.6
Pathology	93.6	95.4	95.3	94.4	96.4	96.5	98.1
Psychiatry*	79.1	83.0	82.8	83.3	87.4	86.9	89.6
Radiology*	95.3	95.7	95.6	95.4	97.4	97.5	98.6
Urology	94.6	96.0	96.2	96.1	96.9	97.0	98.0
Nephrology	95.1	95.5	95.6	95.4	96.7	96.8	97.5
Clinic/other grp practice-not GPPP	91.6	93.4	92.9	91.7	82.7	95.5	100.0
Limited License Practitioners (LLPs):							
Chiropractor	59.4	65.2	70.4	70.4	68.3	69.6	71.3
Podiatry (Surgical Chiroprody)	90.7	92.3	93.4	93.4	94.3	94.9	95.3
Optometrist	78.4	82.4	83.1	83.1	85.0	87.0	88.1

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

* General Surgery (General Surgery, Surgical Oncology)

* Internal Medicine (Internal Medicine, Endocrinology, Medical Oncology)

* Psychiatry (Psychiatry, Neuropsychiatry)

* Radiology (Radiology, Nuclear Medicine, Interventional Radiology)

SOURCE: CMS/OFM

December 2008

Table VI.9

**Medicare Advantage, Cost, PACE, Demo and Prescription Drug Contract Report
2008**

Type of Contract	Number of Contracts	Drug Plan Enrollment			Special Needs Plan Enrollees	Employer Plan Enrollees (800 Series)
		MA Only Enrollees	Drug Plan Enrollees	Total Enrollees		
Total Prepaid ¹	735	1,669,050	8,555,016	10,224,066	1,295,880	1,786,366
Local CCPs	510	411,972	6,808,877	7,220,849	1,211,784	1,084,200
PFFS	77	1,019,945	1,266,561	2,286,506	0	601,238
MSA	9	3,610	0	3,610	0	0
Employer Direct PFFS	2	11,301	1,938	13,239	0	13,239
Regional PPOs	14	13,467	289,597	303,064	81,507	8,341
MA Subtotal	612	1,460,295	8,366,973	9,827,268	1,293,291	1,707,018
Demos	17	730	3,983	4,713	2,589	0
1876 Cost	25	107,069	169,137	276,206	0	79,346
1833 Cost (HCPP)	13	72,860	0	72,860	0	0
PACE	61	0	14,923	14,923	0	2
Pilot ²	7	28,096	0	28,096	0	0
Other Subtotal	123	208,755	188,043	396,798	2,589	79,348
Total PDPs	102	0	17,438,716	17,438,716	0	894,705
Employer/Union Only Direct						
Contract PDP	9	0	125,118	125,118	0	125,118
All Other PDP ¹	93	0	17,313,598	17,313,598	0	769,587
TOTAL	837	1,669,050	25,993,732	27,662,782	1,295,880	2,681,071

¹ Totals include beneficiaries enrolled in employer/union only group plans (contracts with "800 series" plan IDs).

Where a beneficiary is enrolled in both an 1876 cost or PFFS plan and a PDP plan, both enrollments are reflected in these counts.

² Pilots refer to contracts to provide care management services for fee-for-service beneficiaries with chronic conditions.

The data for this product are being included since they are part of the total monthly Medicare payment.

NOTES: Totals reflect enrollment as of the October 1, 2008 payment. The October payment reflects enrollments accepted through September 11, 2008.

SOURCE: CMS/CBC

December 2008

Table VI.10

Active Physicians

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	323,525	310,929	12,596	15.7
1971	334,978	322,228	12,750	16.1
1972	346,179	333,259	12,920	16.5
1973	NA	NA	13,191	NA
1974	364,232	350,609	13,623	17.0
1975	380,402	366,425	13,977	17.6
1976	393,151	378,572	14,579	18.0
1977	397,113	381,969	15,144	18.0
1978	417,314	401,364	15,950	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8
1993	652,240	619,751	32,489	24.9
1994	666,200	632,121	34,079	25.2
1995	681,742	646,022	35,720	25.5
1996	701,249	663,943	37,306	26.0
1997	723,537	684,605	38,932	27.0
1998	747,784	707,032	40,752	27.5
1999	763,519	720,855	42,664	27.9
2000	782,280	737,504	44,776	27.8
2001	793,091	751,689	41,402	27.8
2002	812,408	768,498	43,910	28.2
2003	832,624	786,658	45,966	28.6
2004	840,534	792,154	48,380	28.6
2005	852,802	803,073	49,729	28.8

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include "All Not Classified MDs", and excludes physicians whose addresses are unknown.

SOURCES: National Centers for Health Statistics, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the U.S. Census Bureau.

Table VI.11

**Active Federal and Non-Federal Physicians
By CMS Region
2005**

CMS Region	Total	Type of Physician		Active Physicians per 100,000 Population ¹
		Doctors of Medicine	Doctors of Osteopathy	
Total	852,802	803,073	49,729	288
Boston	57,094	55,218	1,876	401
New York	108,057	101,863	6,194	386
Philadelphia	98,236	90,781	7,455	341
Atlanta	141,657	135,297	6,360	247
Chicago	143,523	131,445	12,078	280
Dallas	81,473	76,539	4,934	229
Kansas City	33,288	29,747	3,541	251
Denver	24,895	23,576	1,319	249
San Francisco	120,479	115,327	5,152	263
Seattle	31,718	30,335	1,383	264
U.S. Possessions ²	12,370	12,370	--	NA
Foreign and Unknown ³	--	--	--	NA

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2005.

² Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

³ Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: National Centers for Health Statistics, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine, and the U.S. Census Bureau.

December 2008

Table VI.12

**Part B Practitioners Active in Patient Care
Selected Year**

	Number	July 2007 Percent
All Part B Practitioners	1,087,845	100.0
Physician Specialties	667,340	61.3
Primary Care	246,314	22.6
Medical Specialties	108,694	10.0
Surgical Specialties	108,031	9.9
Emergency Medicine	36,644	3.4
Anesthesiology	38,358	3.5
Radiology	37,595	3.5
Pathology	13,984	1.3
Obstetrics/Gynecology	38,515	3.5
Psychiatry	38,921	3.6
Other and Unknown	284	0.0
Limited Licensed Practitioners	126,006	11.6
Non-physician Practitioners	294,499	27.1

NOTES: Specialty code is self-reported and may not correspond to actual board certification. Totals do not necessarily equal sum of rounded components. Reflect unduplicated counts.

SOURCE: CMS/ORDI

December 2008

Table VI.13a

**Medicare Physician and Other Practitioner Registry by Specialty
July 2008**

Specialty	Specialty Code	Number	Percent
All practitioners		1,087,845	100.0
All Physician Specialties (PHYSSTAT=1)		667,340	61.3
Primary Care		246,314	22.6
General Practice	01	20,414	1.9
Family Practice	08	86,131	7.9
Internal Medicine	11	105,550	9.7
Pediatrics	37	34,219	3.1
Medical		108,694	10.0
Allergy/Immunology	03	3,445	0.3
Cardiology (Cardiovascular Disease)	06	22,266	2.0
Dermatology	07	10,269	0.9
Interventional Pain Management	09	543	0.0
Gastroenterology	10	10,942	1.0
Osteopathic Manipulative Therapy	12	841	0.1
Neurology	13	12,913	1.2
Pulmonary Disease	29	8,048	0.7
Physical Med and Rehab	25	7,370	0.7
Geriatrics	38	1,409	0.1
Nephrology	39	6,153	0.6
Infectious Disease	44	4,136	0.4
Endocrinology	46	3,997	0.4
Rheumatology	66	3,533	0.3
Single/multi-Specialty Clinic/Group Practice	70	83	0.0
Pain Management	72	705	0.1
Periph. Vascular Disease	76	129	0.0
Addiction Medicine	79	152	0.0
Critical Care Intensivists	81	1,536	0.1
Hematology	82	762	0.1
Hematology/Oncology	83	6,513	0.6
Preventive Medicine	84	549	0.1
Medical Oncology	90	2,400	0.2
Surgical		108,031	9.9
General Surgery	02	25,865	2.4
Otolaryngology (ENT)	04	9,707	0.9
Neurosurgery	14	4,745	0.4
Ophthalmology	18	18,943	1.7
Orthopedic Surgery	20	23,409	2.2
Plastic/Reconstructive Surgery	24	5,803	0.5
Colorectal Surgery (Proctology)	28	1,022	0.1
Thoracic Surgery	33	2,791	0.3
Urology	34	10,136	0.9
Hand Surgery	40	734	0.1
Vascular Surgery	77	2,102	0.2
Cardiac Surgery	78	1,880	0.2
Maxillofacial Surgery	85	333	0.0
Surgical Oncology	91	561	0.1

Table VI.13b
Medicare Physician and Other Practitioner Registry by Specialty
July 2008

Specialty	Specialty Code	Number	Percent
Emergency Medicine	93	36,644	3.4
Anesthesiology	05	38,358	3.5
Radiology		37,595	3.5
Radiology	30	32,099	3.0
Nuclear Medicine	36	786	0.1
Radiation Oncology	92	3,799	0.3
Interventional Radiology	94	911	0.1
Pathology	22	13,984	1.3
Obstetrics-Gynecology		38,515	3.5
Obstetrics Gynecology	16	37,834	3.5
Gynecology/Oncology	98	681	0.1
Psychiatry		38,921	3.6
Psychiatry	26	38,780	3.6
Neuropsychiatrist	86	141	0.0
Other and Unknown		284	0.0
Limited Licensed Practitioners (PHYSSTAT=2)		126,006	11.6
Optometry	41	34,660	3.2
Oral Surgery/Dentists only	19	12,526	1.2
Maxillofacial Surgery	85	1,425	0.1
Podiatry	48	16,201	1.5
Chiropractor	35	61,027	5.6
Other/Unknown		167	0.0
Non-Physician Practitioners (PHYSSTAT=3)		294,499	27.1
Certified Nurse Midwife	42	4,179	0.4
Anesthesia Assistant	32	440	0.0
CRNA	43	31,148	2.9
Nurse Practitioner	50	57,226	5.3
Psychologist/billing independently	62	1,622	0.1
Audiologist/billing independently	64	5,149	0.5
Physical Therapist	65	38,452	3.5
Occupational Therapist	67	6,541	0.6
Clinical Psychology	68	39,422	3.6
Dietitian/Nutritionist	71	9,486	0.9
Clinical Social Worker	80	53,671	4.9
Certified Clinical Nurse	89	3,594	0.3
Physician Assistant	97	43,532	4.0
Other and Unknown		37	0.0

NOTES: PHYSSTAT refers to the name of the variable in the Unique Physician Identification Number (UPIN) database that is used to group practitioners by his or her medical credentials. Specialty code is self-reported and may not correspond to actual board certification. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OFM's and CMM's Unique Physician Identification Number database/ classification by ORD.

December 2008

Table VII.1

Net Reported Medical Assistance Payments Fiscal Year 2007

	Total Payments Computable for Federal Funding	Net Expenditures Reported Federal Share		Total Payments Computable for Federal Funding	Net Expenditures Reported Federal Share
Total All Jurisdictions	\$ 315,771,772,84.4	\$179,980,268,054	N. Mariana Islands	9,081,290	4,540,652
Alabama	4,099,163,829	2,832,557,940	Nebraska	1,495,709,937	870,711,840
Alaska	947,339,783	618,466,302	Nevada	1,241,248,471	673,559,951
American Samoa	17,650,505	8,825,253	New Hampshire	1,153,993,168	577,842,934
Arizona	6,609,346,183	4,494,309,824	New Jersey	8,855,366,275	4,446,030,672
Arkansas	3,060,407,830	2,251,500,259	New Mexico	2,626,097,407	1,914,872,059
California	34,884,518,837	17,592,954,446	New York	43,564,119,806	21,833,195,390
Colorado	2,911,647,539	1,461,791,344	North Carolina	9,397,798,245	6,081,507,375
Connecticut	4,229,689,762	2,121,989,010	North Dakota	503,564,400	329,583,435
Delaware	990,683,309	497,009,894	Ohio	12,821,041,986	7,661,467,165
District of Columbia	1,378,323,404	964,821,926	Oklahoma	3,263,204,924	2,253,292,483
Florida	13,450,490,934	7,918,951,892	Oregon	2,851,153,656	1,750,813,037
Georgia	6,844,102,301	4,264,991,201	Pennsylvania	15,825,480,891	8,637,311,168
Guam	24,961,718	12,699,977	Puerto Rico	902,384,640	451,192,321
Hawaii	1,089,577,939	627,406,327	Rhode Island	1,687,169,653	885,788,355
Idaho	1,078,074,833	760,622,555	South Carolina	4,039,243,153	2,817,242,629
Illinois	12,508,958,330	6,276,503,515	South Dakota	616,113,377	405,414,413
Indiana	5,080,277,554	3,182,633,661	Tennessee	7,070,169,782	4,508,587,929
Iowa	2,465,590,698	1,533,616,106	Texas	20,278,820,695	12,352,298,914
Kansas	2,121,598,065	1,280,868,553	Utah	1,365,289,240	959,950,377
Kentucky	4,513,988,817	3,152,412,692	Vermont	1,056,251,605	623,641,899
Louisiana	5,207,246,125	3,635,289,649	Virgin Islands	6,420,592	3,210,301
Maine	1,977,693,124	1,254,433,825	Virginia	4,882,347,418	2,453,890,344
Maryland	5,383,477,265	2,704,497,496	Washington	5,722,427,414	2,906,336,754
Massachusetts	10,166,110,000	5,092,400,518	West Virginia	2,158,876,640	1,574,222,875
Michigan	9,213,679,007	5,212,187,038	Wisconsin	4,875,516,535	2,816,621,294
Minnesota	6,327,281,799	3,186,131,634	Wyoming	424,952,159	222,777,378
Mississippi	3,266,111,556	2,486,706,858			
Missouri	6,515,259,281	4,027,108,429			
Montana	724,679,158	510,675,986			

NOTES: Source Form CMS-64 -- Net Expenditures Reported. Excludes: MSCHIP and ADM as reported by the States as of September 24, 2008. Unadjusted by CMS. Amounts for territories may exceed capped limits.

SOURCE: CMS/ORDI

December 2008

Table VII.2

Mean Medicaid Outlays by Basis of Eligibility 2006

	TOTAL	AGED	DISABLED	CHILDREN	ADULTS
United States ¹	\$4,635	\$13,268	\$13,902	\$1,808	\$2,617
Alabama	4,612	11,313	7,025	1,821	1,794
Alaska	7,915	22,267	24,867	4,467	5,729
Arizona	3,095	4,773	7,705	2,104	3,466
Arkansas	3,688	12,223	10,555	1,796	1,585
California	2,782	8,872	12,039	1,388	1,179
Colorado	4,288	14,580	14,338	1,783	2,738
Connecticut	7,702	28,506	25,518	2,438	2,762
Delaware	5,548	19,223	17,385	2,354	4,100
District of Columbia	8,695	21,142	22,002	2,993	4,943
Florida	4,024	10,140	11,184	1,389	2,532
Georgia	3,324	9,760	9,246	1,466	3,090
Hawaii	4,354	12,489	13,797	1,803	2,949
Idaho	4,870	15,246	16,223	1,674	3,835
Illinois	4,539	5,070	15,312	1,592	2,509
Indiana	5,016	17,381	15,465	1,971	3,264
Iowa	5,854	16,090	17,933	1,845	2,787
Kansas	5,810	15,987	17,214	2,221	3,187
Kentucky	4,597	12,492	9,139	2,086	3,576
Louisiana	3,462	9,535	10,528	1,085	3,083
Maine ²	8,050	16,248	21,544	4,349	4,648
Maryland	6,876	18,023	19,806	2,443	5,472
Massachusetts	7,423	18,503	15,205	3,876	3,378
Michigan	3,813	11,818	8,899	1,175	2,457
Minnesota	7,670	21,400	25,322	2,656	3,285
Mississippi	4,219	10,040	8,216	1,729	2,784
Missouri	4,198	11,572	11,242	2,008	2,323
Montana	5,545	18,896	13,426	2,520	3,862
Nebraska	5,863	16,641	18,063	2,482	3,343
Nevada ³	4,243	12,426	14,869	1,616	2,058
New Hampshire	6,758	20,401	18,056	2,994	3,411
New Jersey	7,479	21,049	23,163	2,090	2,756
New Mexico	4,523	11,885	15,794	2,121	3,136
New York	7,746	27,180	27,166	2,383	3,993
North Carolina	4,978	12,136	14,285	1,923	3,528
North Dakota	6,885	22,536	21,995	2,123	2,871
Ohio	5,857	21,164	17,419	1,783	3,223
Oklahoma	4,042	11,075	12,815	1,875	2,750
Oregon	4,406	12,315	11,181	1,946	3,810
Pennsylvania	4,870	16,340	9,070	1,849	2,775
Rhode Island	7,750	22,411	20,203	3,144	3,202
South Carolina	4,656	6,621	10,033	1,827	2,300
South Dakota	4,641	12,518	13,844	2,043	3,251
Tennessee	3,743	10,444	8,305	1,731	3,014
Texas	3,520	9,826	12,681	1,673	2,810
Utah	5,279	11,440	14,921	1,708	2,365
Vermont	5,430	9,600	15,417	2,828	3,241
Virginia	5,085	11,471	13,441	2,017	3,357
Washington	4,637	12,943	11,720	1,599	2,526
West Virginia	5,962	14,582	10,219	2,115	2,493
Wisconsin	4,573	8,867	14,770	1,312	2,261
Wyoming	5,930	18,498	21,065	2,543	4,204

NOTES: ¹ Includes only those States reporting FY 2006 data. ² FY 2004 data substituted for FY 2006; not included in FY 2006 average. ³ FY 2005 data substituted for FY 2006; not included in FY 2006 average.

Other and unknown basis of eligibility not shown separately. Data are from 2006 MSIS State Summary Mart.

SOURCES: CMS/CMSO/ORDI

December 2008

Table VII.3
Medicare Enrollment by State
2007

	Enrollees		Enrollees
All Areas ¹	44,263,111	Missouri	946,284
		Montana	155,753
United States ²	43,259,280	Nebraska	267,588
Alabama	789,250	Nevada	317,741
Alaska	56,803	New Hampshire	204,313
Arizona	840,527	New Jersey	1,257,125
Arkansas	496,335	New Mexico	284,910
California	4,368,858	New York	2,840,560
		North Carolina	1,358,548
Colorado	558,222	North Dakota	105,324
Connecticut	537,064	Ohio	1,805,235
Delaware	136,206	Oklahoma	565,079
District of Columbia	74,085	Oregon	566,960
Florida	3,132,634	Pennsylvania	2,183,604
		Rhode Island	175,012
Georgia	1,110,510		
Hawaii	189,385	South Carolina	697,189
Idaho	206,570	South Dakota	129,381
Illinois	1,740,751	Tennessee	974,803
Indiana	940,825	Texas	2,708,229
		Utah	254,060
Iowa	500,056		
Kansas	411,660	Vermont	101,593
Kentucky	710,977	Virginia	1,044,603
Louisiana	639,499	Washington	873,385
Maine	246,571	West Virginia	367,338
		Wisconsin	854,343
Maryland	723,302	Wyoming	74,113
Massachusetts	996,741		
Michigan	1,540,827	Puerto Rico	622,826
Minnesota	729,147		
Mississippi	469,402		

¹ Includes U.S. and enrollees residing in outlying territories, foreign countries and those with unknown state of residence.

² Includes enrollees residing in 50 states and the District of Columbia.

SOURCE: CMS/ORDI

December 2008

Table VII.4

Medicare Enrollment as a Percent of Resident Population by State 2007

	Resident Population	Medicare Enrollees	Enrollees as Percent of Population		Resident Population	Medicare Enrollees	Enrollees as Percent of Population
All Areas	NA	44,263,111 ¹	NA	Missouri	5,878,415	946,284	16.1
United States	301,621,157	43,259,280 ²	14.3	Montana	957,861	155,753	16.3
Alabama	4,627,851	789,250	17.1	Nebraska	1,774,571	267,588	15.1
Alaska	683,478	56,803	8.3	Nevada	2,565,382	317,741	12.4
Arizona	6,338,755	840,527	13.3	New Hampshire	1,315,828	204,313	15.5
Arkansas	2,834,797	496,335	17.5	New Jersey	8,685,920	1,257,125	14.5
California	36,553,215	4,368,858	12.0	New Mexico	1,969,915	284,910	14.5
Colorado	4,861,515	558,222	11.5	New York	19,297,729	2,840,560	14.7
Connecticut	3,502,309	537,064	15.3	North Carolina	9,061,032	1,358,548	15.0
Delaware	864,764	136,206	15.8	North Dakota	639,715	105,324	16.5
District of Columbia	588,292	74,085	12.6	Ohio	11,466,917	1,805,235	15.7
Florida	18,251,243	3,132,634	17.2	Oklahoma	3,617,316	565,079	15.6
Georgia	9,544,750	1,110,510	11.6	Oregon	3,747,455	566,960	15.1
Hawaii	1,283,388	189,385	14.8	Pennsylvania	12,432,792	2,183,604	17.6
Idaho	1,499,402	206,570	13.8	Rhode Island	1,057,832	175,012	16.5
Illinois	12,852,548	1,740,751	13.5	South Carolina	4,407,709	697,189	15.8
Indiana	6,345,289	940,825	14.8	South Dakota	796,214	129,381	16.2
Iowa	2,988,046	500,056	16.7	Tennessee	6,156,719	974,803	15.8
Kansas	2,775,997	411,660	14.8	Texas	23,904,380	2,708,229	11.3
Kentucky	4,241,474	710,977	16.8	Utah	2,645,330	254,060	9.6
Louisiana	4,293,204	639,499	14.9	Vermont	621,254	101,593	16.4
Maine	1,317,207	246,571	18.7	Virginia	7,712,091	1,044,603	13.5
Maryland	5,618,344	723,302	12.9	Washington	6,468,424	873,385	13.5
Massachusetts	6,449,755	996,741	15.5	West Virginia	1,812,035	367,338	20.3
Michigan	10,071,822	1,540,827	15.3	Wisconsin	5,601,640	854,343	15.3
Minnesota	5,197,621	729,147	14.0	Wyoming	522,830	74,113	14.2
Mississippi	2,918,785	469,402	16.1	Puerto Rico	3,942,375	622,826	15.8

¹ Includes the United States, its Territories and Possessions, residents of foreign countries and residence unknown.

² Includes enrollees residing in the 50 States and the District of Columbia.

NOTES: Resident population is a provisional estimate as of July 1, 2007. The 2007 resident population data for Outlying Areas and the Virgin Islands are not available. Detail may not add to total due to rounding.

SOURCES: CMS/ORDI and Bureau of the Census

Table VII.5
Medicare Part D Enrollment by State
2008

Area of Residence	Total Medicare Enrollees	Total Part D Enrollees	% of Total Enrollees
All areas ¹	45,525,632	25,935,144	57.0%
State Jurisdictions			
Alabama	810,397	466,116	57.5
Alaska	60,447	23,681	39.2
Arizona	869,732	520,327	59.8
Arkansas	510,132	301,784	59.2
California	4,509,155	3,071,720	68.1
Colorado	581,938	334,471	57.5
Connecticut	550,290	294,441	53.5
Delaware	141,011	68,787	48.8
District Of Columbia	75,269	34,592	46.0
Florida	3,211,194	1,854,340	57.8
Georgia	1,159,101	671,522	57.9
Hawaii	195,110	125,672	64.4
Idaho	214,870	120,086	56.0
Illinois	1,780,346	968,978	54.4
Indiana	965,866	506,588	52.5
Iowa	507,303	331,453	65.3
Kansas	418,814	250,665	59.9
Kentucky	729,888	402,396	55.1
Louisiana	658,179	393,897	59.9
Maine	254,485	146,431	57.5
Maryland	747,255	319,081	42.7
Massachusetts	1,021,479	576,340	56.4
Michigan	1,584,770	783,760	49.5
Minnesota	752,680	499,965	66.4
Mississippi	479,642	304,148	63.4
Missouri	968,320	583,180	60.2
Montana	161,021	90,540	56.2
Nebraska	272,039	173,499	63.8
Nevada	331,766	180,745	54.5
New Hampshire	206,214	92,478	44.9
New Jersey	1,286,955	656,900	51.0
New Mexico	295,118	179,464	60.8
New York	2,902,547	1,644,012	56.6
North Carolina	1,406,847	814,813	57.9
North Dakota	106,624	74,158	69.6
Ohio	1,843,498	909,150	49.3
Oklahoma	580,065	334,889	57.7
Oregon	585,768	367,338	62.7
Pennsylvania	2,227,266	1,356,759	60.9
Rhode Island	178,193	117,083	65.7
South Carolina	723,140	381,843	52.8
South Dakota	132,549	86,410	65.2
Tennessee	1,004,697	625,679	62.3
Texas	2,813,844	1,552,002	55.2
Utah	265,080	141,922	53.5
Vermont	105,460	57,524	54.6
Virginia	1,083,754	544,351	50.2
Washington	906,149	463,426	51.1
West Virginia	373,782	221,566	59.3
Wisconsin	877,285	446,391	50.9
Wyoming	76,355	40,927	53.6
Territories and Possessions			
American Samoa	3,254	277	8.5
Guam	11,306	2,219	19.6
Puerto Rico	631,641	404,322	64.0
Virgin Islands	14,690	4,343	29.6

¹ Includes beneficiaries with residence unknown, those with pending State designation and those residing in the Northern Marianas and the Marshall Islands.

NOTE: Data as of October 2008, as recorded in MIIR.

SOURCE: CMS/ORDI

December 2008

Table VII.6

**Medicare PDP and MA-PD Enrollment by State
2008**

Area of Residence	Part D Enrolled	PDP Enrolled	MA-PD Enrolled
All areas ¹	25,935,144	17,381,444	8,553,700
State Jurisdictions			
Alabama	466,116	323,487	142,629
Alaska	23,681	23,364	317
Arizona	520,327	218,949	301,378
Arkansas	301,784	254,642	47,142
California	3,071,720	1,611,873	1,459,847
Colorado	334,471	166,902	167,569
Connecticut	294,441	220,484	73,957
Delaware	68,787	64,974	3,813
District Of Columbia	34,592	27,490	7,102
Florida	1,854,340	1,016,677	837,663
Georgia	671,522	555,293	116,229
Hawaii	125,672	63,149	62,523
Idaho	120,086	85,002	35,084
Illinois	968,978	849,283	119,695
Indiana	506,588	445,250	61,338
Iowa	331,453	289,669	41,784
Kansas	250,665	219,910	30,755
Kentucky	402,396	343,752	58,644
Louisiana	393,897	275,478	118,419
Maine	146,431	136,834	9,597
Maryland	319,081	270,575	48,506
Massachusetts	576,340	400,520	175,820
Michigan	783,760	508,565	275,195
Minnesota	499,965	298,129	201,836
Mississippi	304,148	279,289	24,859
Missouri	583,180	422,857	160,323
Montana	90,540	74,401	16,139
Nebraska	173,499	151,191	22,308
Nevada	180,745	84,504	96,241
New Hampshire	92,478	86,827	5,651
New Jersey	656,900	540,239	116,661
New Mexico	179,464	116,928	62,536
New York	1,644,012	971,843	672,169
North Carolina	814,813	633,666	181,147
North Dakota	74,158	69,626	4,532
Ohio	909,150	588,811	320,339
Oklahoma	334,889	271,478	63,411
Oregon	367,338	186,253	181,085
Pennsylvania	1,356,759	699,928	656,831
Rhode Island	117,083	58,596	58,487
South Carolina	381,843	310,449	71,394
South Dakota	86,410	75,210	11,200
Tennessee	625,679	444,626	181,053
Texas	1,552,002	1,133,150	418,852
Utah	141,922	88,302	53,620
Vermont	57,524	56,310	1,214
Virginia	544,351	455,459	88,892
Washington	463,426	339,501	123,925
West Virginia	221,566	165,249	56,317
Wisconsin	446,391	318,730	127,661
Wyoming	40,927	38,208	2,719
Territories and Possessions			
American Samoa	277	240	37
Guam	2,219	2,199	20
Puerto Rico	404,322	36,174	368,148
Virgin Islands	4,343	4,281	62

¹ Includes beneficiaries with residence unknown and those with pending State designation

NOTE: Data as of October 2008, as recording in MIIR.

SOURCE: CMS/ORDI

December 2008

Table VII.7

**Medicare Part D and Retiree Drug Subsidy Enrollment by State
2008**

Area of Residence	Total Part D and RDS Enrollees	Total Part D Enrollees	Total RDS
All areas ¹	45,524,097	25,935,144	6,554,839
State Jurisdictions			
Alabama	810,397	466,116	112,783
Alaska	60,447	23,681	14,871
Arizona	869,732	520,327	100,613
Arkansas	510,132	301,784	48,645
California	4,509,155	3,071,720	420,594
Colorado	581,938	334,471	74,944
Connecticut	550,290	294,441	111,314
Delaware	141,011	68,787	32,900
District Of Columbia	75,269	34,592	3,753
Florida	3,211,194	1,854,340	440,159
Georgia	1,159,101	671,522	124,992
Hawaii	195,110	125,672	7,511
Idaho	214,870	120,086	23,273
Illinois	1,780,346	968,978	337,095
Indiana	965,866	506,588	189,609
Iowa	507,303	331,453	50,700
Kansas	418,814	250,665	31,652
Kentucky	729,888	402,396	127,536
Louisiana	658,179	393,897	82,709
Maine	254,485	146,431	30,066
Maryland	747,255	319,081	139,625
Massachusetts	1,021,479	576,340	185,219
Michigan	1,584,770	783,760	423,142
Minnesota	752,680	499,965	74,415
Mississippi	479,642	304,148	28,818
Missouri	968,320	583,180	115,980
Montana	161,021	90,540	15,003
Nebraska	272,039	173,499	23,899
Nevada	331,766	180,745	41,336
New Hampshire	206,214	92,478	29,955
New Jersey	1,286,955	656,900	281,929
New Mexico	295,118	179,464	23,341
New York	2,902,547	1,644,012	535,872
North Carolina	1,406,847	814,813	203,846
North Dakota	106,624	74,158	4,522
Ohio	1,843,498	909,150	508,010
Oklahoma	580,065	334,889	50,280
Oregon	585,768	367,338	45,548
Pennsylvania	2,227,266	1,356,759	290,889
Rhode Island	178,193	117,083	12,347
South Carolina	723,140	381,843	119,002
South Dakota	132,549	86,410	6,509
Tennessee	1,004,697	625,679	108,938
Texas	2,813,844	1,552,002	413,871
Utah	265,080	141,922	30,854
Vermont	105,460	57,524	17,881
Virginia	1,083,754	544,351	117,318
Washington	906,149	463,426	119,800
West Virginia	373,782	221,566	53,565
Wisconsin	877,285	446,391	131,175
Wyoming	76,355	40,927	7,606
Territories and Possessions			
American Samoa and Guam	14,560	2,496	49
Puerto Rico	631,641	404,322	17,001
Virgin Islands	14,690	4,343	3,897

¹ Includes beneficiaries with residence unknown and those with pending State designation.

NOTES: Data as of October 2008, as recorded in MIIR.

SOURCE: CMS/ORDI

December 2008

Table VII.8a
Medicare Part D Enrollment by Organization Type, Arrayed by State
2008

FIPS	Total ¹	Local CCP	PFFS	Demo	1876 Cost	PACE	PDP	Regional CCP	Employer Direct PDP
Total	25,216,384	6,571,212	1,222,335	3,656	164,886	13,777	16,847,213	270,314	121,039
Alabama	453,746	123,741	11,647	-	-	-	317,238	954	159
Alaska	23,033	72	199	-	-	-	22,691	-	66
Arizona	506,414	260,922	25,549	75	82	-	213,190	5,948	643
Arkansas	293,461	11,838	25,884	-	-	-	246,351	7,656	1,732
California	2,990,526	1,360,552	23,403	395	118	1,840	1,567,581	35,108	1,528
Colorado	324,871	127,653	20,352	76	13,558	1,127	161,361	41	703
Connecticut	286,592	65,328	4,467	-	-	-	216,365	18	406
Delaware	66,881	1,457	1,090	-	27	-	63,378	594	332
Dist. of Columbia	33,416	1,936	177	-	4,388	-	26,871	14	27
Florida	1,807,031	716,636	31,212	12	158	176	989,061	66,444	3,327
Georgia	650,191	41,507	51,522	95	19	-	540,422	15,678	946
Hawaii	122,437	27,426	1,677	-	29,902	-	61,599	1,792	39
Idaho	116,149	20,796	12,570	-	-	-	81,263	17	1,499
Illinois	946,893	88,205	21,317	155	-	-	830,346	4,841	2,013
Indiana	491,956	13,680	36,425	-	-	-	432,959	7,791	1,082
Iowa	323,749	9,858	26,534	-	-	-	283,063	3,649	641
Kansas	244,195	17,910	10,899	45	-	200	213,748	337	1,047
Kentucky	391,680	30,498	20,749	-	-	-	333,558	5,048	1,822
Louisiana	381,470	102,076	9,907	-	-	39	267,416	1,542	486
Maine	141,999	4,901	3,794	-	-	-	133,175	14	112
Maryland	309,991	25,531	1,812	816	16,963	121	263,957	319	471
Massachusetts	556,176	145,114	22,238	361	-	1,744	386,273	44	392
Michigan	761,371	50,636	208,539	300	-	271	495,413	4,980	1,226
Minnesota	486,642	76,280	44,822	-	54,403	-	292,608	18,088	441
Mississippi	296,106	9,418	11,669	-	-	-	272,811	1,786	421
Missouri	567,004	122,485	27,752	-	-	160	402,545	4,022	10,037
Montana	87,852	1,790	12,989	-	-	-	72,400	522	149
Nebraska	169,570	8,720	10,881	-	-	-	145,349	2,182	2,435
Nevada	175,281	86,931	4,606	-	23	-	80,840	2,490	383
New Hampshire	89,190	243	4,730	-	-	-	84,070	14	124
New Jersey	638,732	107,734	2,775	381	-	-	524,364	451	3,013
New Mexico	173,977	52,784	7,492	-	13	306	113,122	22	238
New York	1,601,411	616,444	12,514	-	1,201	2,543	955,656	10,394	2,655
North Carolina	791,741	94,487	75,891	-	44	-	618,429	1,036	1,846

Table VII.8b
Medicare Part D Enrollment by Organization Type, Arrayed by State
2008
(continued)

FIPS	Total ¹	Local CCP	PFFS	Demo	1876 Cost	PACE	PDP	Regional CCP	Employer Direct PDP
North Dakota	72,554	63	4,040	-	176	-	68,143	97	34
Ohio	882,491	233,703	46,647	-	16,248	592	571,463	12,502	1,334
Oklahoma	325,264	51,647	8,872	-	-	-	232,165	842	31,732
Oregon	356,445	168,132	6,518	-	-	660	180,190	73	864
Pennsylvania	1,318,009	599,915	35,463	663	40	1,238	645,707	1,273	33,708
Rhode Island	113,780	56,363	304	-	-	107	56,929	13	63
South Carolina	371,389	7,871	41,582	-	21	332	302,673	17,920	990
South Dakota	84,360	4,485	5,187	-	54	-	73,321	1,141	172
Tennessee	608,207	129,278	41,947	-	-	284	434,687	1,147	854
Texas	1,507,855	314,341	40,888	157	15,795	801	1,103,594	29,299	2,980
Utah	137,377	32,495	18,146	-	-	-	85,447	16	1,268
Vermont	55,456	60	702	-	-	23	54,633	-	31
Virginia	528,027	11,741	61,901	108	10,284	175	441,876	593	1,348
Washington	450,119	105,777	12,069	-	23	266	330,846	64	1,074
West Virginia	215,260	12,351	40,686	-	24	-	160,412	820	967
Wisconsin	431,075	53,018	66,250	-	1,104	712	309,173	456	362
Wyoming	39,853	116	2,327	-	62	-	36,458	94	795
American Samoa	269	32	-	-	-	-	231	-	-
Guam	2,182	18	-	-	-	-	2,161	-	-
Northern Marianas	122	-	-	-	-	-	119	-	-
Puerto Rico	394,550	355,477	386	-	-	-	36,746	14	-
Virgin Islands	4,268	52	-	-	-	-	4,207	-	-
Unknown	15,738	8,686	327	3,662	35	-	6,559	103	17

¹ Includes RFB and Employer Direct FFS Part D enrolled; data not shown separately.

SOURCE: CMS/ORI

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Table VII.9
Medicaid Eligibles by State
Fiscal Year 2005

	Resident Population in thousands	Medicaid Eligibles in thousands	Eligibles as Percent of Population		Resident Population in thousands	Medicaid Eligibles in thousands	Eligibles as Percent of Population
All Reporting Medicaid Jurisdictions	NA	NA	NA	Missouri	5,787,885	1,206,971	20.9
United States	295,895,897	59,044,931	20.0	Montana	935,784	115,153	12.3
Alabama	4,539,611	948,255	20.9	Nebraska	1,754,042	261,589	14.9
Alaska	669,411	130,250	19.5	Nevada	2,408,948	257,853	10.7
Arizona ¹	5,952,083	1,451,207	24.4	New Hampshire	1,303,112	138,732	10.6
Arkansas	2,772,152	734,959	26.5	New Jersey	8,657,445	997,598	11.5
California	35,990,312	10,588,818	29.4	New Mexico	1,916,331	528,378	27.6
Colorado	4,673,724	535,404	11.5	New York	19,262,545	5,088,527	26.4
Connecticut	3,486,490	524,847	15.1	North Carolina	8,679,089	1,566,047	18.0
Delaware	840,558	177,181	21.1	North Dakota	635,938	74,262	11.7
District of Columbia	582,049	165,704	28.5	Ohio	11,459,776	2,101,901	18.3
Florida	17,736,027	2,996,864	16.9	Oklahoma	3,535,926	718,778	20.3
Georgia	9,107,719	1,827,347	20.1	Oregon	3,629,959	550,049	15.2
Hawaii	1,267,581	229,773	18.1	Pennsylvania	12,367,276	2,005,713	16.2
Idaho	1,425,894	220,863	15.5	Rhode Island	1,066,721	219,441	20.6
Illinois	12,719,550	2,393,150	18.8	South Carolina	4,254,989	996,654	23.4
Indiana	6,257,121	1,019,871	16.3	South Dakota	780,046	126,885	16.3
Iowa	2,955,587	412,940	14.0	Tennessee	5,989,309	1,614,902	27.0
Kansas	2,741,665	352,314	12.9	Texas	22,843,999	3,987,435	17.5
Kentucky	4,171,016	845,090	20.3	Utah	2,505,013	305,000	12.2
Louisiana	4,495,670	1,153,385	25.7	Vermont	619,736	161,447	26.1
Maine ²	1,312,222	306,397	23.3	Virginia	7,557,588	873,585	11.6
Maryland	5,573,163	858,787	15.4	Washington	6,270,838	1,201,010	19.2
Massachusetts	6,429,137	1,211,742	18.8	West Virginia	1,805,626	381,905	21.2
Michigan	10,107,940	1,854,408	18.3	Wisconsin	5,540,473	1,016,071	18.3
Minnesota	5,113,824	750,546	14.7	Wyoming	506,541	80,833	16.0
Mississippi	2,900,456	778,110	26.8	Puerto Rico	NA	NA	NA
				Virgin Islands	NA	NA	NA

¹ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

² Maine Medicaid data reflects year 2004.

NOTES: Resident population is an annual estimate as of July 1, 2005. The 2005 population data for the Virgin Islands are not available. Medicaid eligibles represent those ever enrolled in Medicaid at any time during the year.

SOURCES: CMS/CMSO/ORDI and the Population Division, US Census Bureau.

Table VII.10

MEDICARE STATE BUY-INS
For PART A and PART B JULY 2008

State	Part A QMBs	Part B Buy-Ins	Part B QMBs	Part B SLMBs	Part B QIs	Part B MAOs	State	Part A QMBs	Part B Buy-Ins	Part B QMBs	Part B SLMBs	Part B QIs	Part B MAOs
All Areas	543,180	7,292,444	3,273,798	833,366	287,585	473,064	Nevada	3,390	32,197	16,635	5,601	2,226	2,147
Alabama	1,627	183,860	58,422	31,545	14,965	4,677	New Hampshire	48	14,669	6,150	2,976	866	4,022
Alaska	650	12,218	8,926	254			New Jersey	9,734	170,807	65,632	18,826	7,787	1,502
Arizona	1,045	126,518	63,478	16,105	10,123	20,082	New Mexico	218	56,797	15,931	5,593	2,184	6,662
Arkansas	2,503	101,893	35,044	13,604	6,108	5,905	New York	92,704	489,668	279,961	24,685	35,044	
California	156,617	1,120,069	278,572	64,608	15,851	180,763	North Carolina	10,549	266,009	886	34,161	15,373	18,125
Colorado	262	72,451	22,701	4,987	2,357	11,597	North Dakota		7,892	2,939	1,224	380	
Connecticut	2,732	70,682	48,540	9,297	7,701		Ohio	5,962	247,445	127,334	36,212	12,814	6,150
Delaware	338	20,628	2,881	11,264	209		Oklahoma	2,636	82,920	61,019	15,122	5,483	
District of Columbia	497	16,023	14,794				Oregon	1,183	78,272	45,246	12,446		2,478
Florida	63,457	490,437	229,555	66,561	30,261	1,099	Pennsylvania	18,696	274,566	196,023	40,697	16,954	
Georgia	1,975	221,444	69,361	28,000	16,249	33,482	Puerto Rico		27,860	72,018	11,387		
Hawaii	4,481	26,601	17,951	1,376	520	25,143	Rhode Island	199	126,074	50,991	10,014	7,284	27,944
Idaho	628	26,744	15,812	4,095	1,273	3,305	South Carolina	916	15,613	5,136	2,389	809	
Illinois	4,048	233,211	149,160	27,376	10,483		South Dakota	973	236,854	119,270	16,675		
Indiana	2,043	120,825	71,712	21,212	5,199	21,029	Tennessee	5,659	489,552	143,643	82,476		
Iowa	889	68,782	39,597	11,410	2,171	3,667	Texas	47,747	25,459	14,657	3,686		4,486
Kansas	629	51,829	27,236	6,100	2,067	589	Utah	47	22,078	6,714	4,843		
Kentucky	2,278	140,970	98,514	20,496	7,719		Vermont	43					
Louisiana	7,088	148,875	111,370	24,053	11,522		Virgin Islands						
Maine	12	78,157	48,265	9,004	1,753	228	Virginia	6,596	145,896	22,267	16,459	5,841	14,045
Maryland	9,825	89,624	71,292	7,690	3,437		Washington	13,564	127,450	105,904	10,839	4,518	3,860
Massachusetts	21,594	195,461	167,598	18,186	8,008	6,990	West Virginia	3,347	61,749	47,935	9,560	3,755	
Michigan	16,463	190,827	70,848	24,811	656		Wisconsin	4,592	90,928	29,942	13,998	2,138	
Minnesota	7,176	85,356	12,330	2,240		531	Wyoming	147	8,458	2,643	1,213	401	1,416
Mississippi	3,776	137,874	53,505	13,005			Northern Marianas		381				
Missouri	1,022	117,954	81,978	18,974	3,499		Guam		537				
Montana	569	15,811	11,019	2,713	715								
Nebraska		27,030	14,461	3,315		326							

Source: CMS/OIS

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Table VII.11
Medicare Persons Served by State
Calendar Year 2007

	Aged		Disabled		Aged		Disabled	
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	26,874	921	5,531	875	595	944	146	911
					110	949	18	870
United States	26,727	934	5,496	883	200	959	30	909
					158	855	32	833
Alabama	487	948	146	925	145	894	28	789
Alaska	38	833	8	749				
Arizona	422	912	68	784				
Arkansas	325	941	87	859				
California	2,088	874	424	812				
					895	912	140	895
					156	872	37	833
Colorado	311	971	59	900	1,581	898	323	835
Connecticut	383	932	63	911	887	964	229	939
Delaware	105	951	19	869	83	964	11	900
District of Columbia	47	830	9	816				
Florida	1,908	946	308	906	1,182	961	227	900
					377	935	83	890
Georgia	756	959	187	920	280	989	54	893
Hawaii	96	935	15	818	1,142	928	196	828
Idaho	129	956	24	864	77	880	20	761
Illinois	1,251	922	209	875				
Indiana	661	947	130	880	479	965	120	925
					98	930	14	897
Iowa	371	975	57	931	591	950	167	931
Kansas	305	943	51	906	1,802	938	353	915
Kentucky	451	962	143	890	152	910	27	889
Louisiana	383	937	107	908				
Maine	174	920	43	849	77	939	16	904
					732	937	147	922
Maryland	528	906	87	903	518	899	106	853
Massachusetts	592	896	141	869	238	1,114	75	942
Michigan	1,008	963	226	883	544	958	98	883
Minnesota	447	1,066	82	904	57	941	9	893
Mississippi	306	940	101	922				
					114	567	31	444
					33	92	4	198

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 2007 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: CMS/ORDI

Table VII.12
National Community Hospital Care by State
2006 Annual Survey

	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands
United States	35,378	5.6	599,553	831	5.2	16,338
Alabama	684	5.2	8,023	107	9.1	2,902
Alaska	52	5.8	1,776	215	7.7	4,049
Arizona	665	4.5	6,556	246	5.3	2,388
Arkansas	373	5.2	5,085	119	5.4	3,871
California	3,429	5.3	53,938	1,111	5.3	16,991
Colorado	421	5.1	7,264	161	4.7	4,344
Connecticut	406	5.7	7,779	2,572	7.2	54,029
Delaware	105	6.4	1,840	1,016	6.0	17,213
District of Columbia	140	7.0	1,609	88,737	8.6	1,709
Florida	2,374	5.2	22,759	1,542	5.0	32,687
Georgia	956	6.5	13,783	454	5.1	5,335
Hawaii	112	7.5	1,883	342	4.4	8,258
Idaho	142	4.8	2,704	1,866	5.4	35,711
Illinois	1,584	5.1	29,565	127	5.4	2,441
Indiana	726	5.2	16,520	522	5.9	6,094
Iowa	363	6.2	10,295	97	10.5	1,773
Kansas	332	6.1	6,146	853	5.6	10,862
Kentucky	613	5.3	8,815	2,529	5.2	31,939
Louisiana	623	5.7	9,862	221	4.4	4,982
Maine	151	5.6	4,205	50	6.5	2,501
Maryland	690	4.6	7,008	779	5.7	13,653
Massachusetts	835	5.3	19,544	557	4.5	10,384
Michigan	1,205	5.2	28,125	282	5.7	6,212
Minnesota	633	6.2	10,109	609	5.3	12,512
Mississippi	416	6.5	4,218	53	8.0	964
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

SOURCE: American Hospital Association's 2008 Hospital Statistics.

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Table VII.13a

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2007

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
TOTAL	1,835,599	1,959,486	67,982,822	35	\$22,151,986,332	\$326	\$11,305
ALABAMA	31,235	29,681	1,114,125	38	315,466,888	283	10,629
ALASKA	766	705	21,960	31	12,585,977	573	17,852
ARIZONA	18,316	19,810	539,101	27	181,084,559	336	9,141
ARKANSAS	20,800	24,188	710,667	29	189,218,378	266	7,823
CALIFORNIA	126,037	140,681	4,639,032	33	1,872,127,483	404	13,308
COLORADO	19,481	20,756	666,961	32	238,793,663	358	11,505
CONNECTICUT	37,214	38,698	1,463,229	38	507,141,015	347	13,105
DELAWARE	5,856	5,866	206,755	35	68,297,747	330	11,643
DISTRICT OF COLUMBIA	2,760	2,708	77,754	29	26,347,512	339	9,730
FLORIDA	133,724	150,264	5,123,826	34	1,745,658,737	341	11,617
GEORGIA	38,055	35,614	1,429,046	40	418,536,365	293	11,752
HAWAII	2,662	2,519	81,911	33	29,855,268	364	11,852
IDAHO	7,794	8,210	270,644	33	86,502,337	320	10,536
ILLINOIS	98,592	115,482	3,747,185	32	1,207,798,042	322	10,459
INDIANA	51,713	54,575	2,183,660	40	659,379,284	302	12,082
IOWA	28,470	30,778	665,320	22	249,039,399	374	8,091
KANSAS	23,470	27,254	720,397	26	249,408,743	346	9,151
KENTUCKY	32,529	34,518	1,249,405	36	357,358,220	286	10,353
LOUISIANA	23,888	23,831	1,026,109	43	267,890,589	261	11,241
MAINE	12,855	13,805	394,885	29	137,517,637	348	9,961
MARYLAND	41,154	46,119	1,408,582	31	476,897,448	339	10,341
MASSACHUSETTS	59,143	62,836	2,172,689	35	768,868,727	354	12,236
MICHIGAN	59,457	62,899	2,316,968	37	752,929,157	325	11,970
MINNESOTA	34,542	35,119	1,008,822	29	362,155,575	359	10,312
MISSISSIPPI	20,365	22,052	851,399	39	247,381,324	291	11,218

Table VII.13b

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2007
(Continued)

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	46,103	50,162	1,709,659	34	\$495,381,465	\$290	\$9,876
MONTANA	7,528	8,447	212,199	25	70,616,949	333	8,360
NEBRASKA	16,361	17,099	506,517	30	179,123,660	354	10,476
NEVADA	6,421	6,684	243,897	36	94,141,938	386	14,085
NEW HAMPSHIRE	10,643	11,648	368,454	32	134,662,833	365	11,561
NEW JERSEY	76,888	88,096	2,594,871	29	1,038,737,587	400	11,791
NEW MEXICO	6,280	6,169	216,165	35	63,856,811	295	10,351
NEW YORK	112,661	106,437	4,315,034	41	1,380,423,823	320	12,969
NORTH CAROLINA	54,698	51,577	2,067,071	40	603,924,421	292	11,709
NORTH DAKOTA	6,533	6,270	172,187	27	52,960,665	308	8,447
OHIO	105,385	113,186	3,982,242	35	1,250,923,359	314	11,052
OKLAHOMA	21,655	24,908	746,357	30	204,816,567	274	8,223
OREGON	13,255	14,385	383,197	27	144,654,169	377	10,056
PENNSYLVANIA	91,859	91,066	3,318,725	36	1,009,698,158	304	11,088
PUERTO RICO	837	891	16,001	18	2,554,985	160	2,868
RHODE ISLAND	7,131	7,372	240,079	33	82,458,585	343	11,185
SOUTH CAROLINA	23,950	23,679	954,202	40	275,441,824	289	11,632
SOUTH DAKOTA	7,448	7,850	199,062	25	72,973,335	367	9,296
TENNESSEE	42,799	47,748	1,787,564	37	501,800,516	281	10,509
TEXAS	109,791	116,393	4,573,817	39	1,333,877,562	292	11,460
UTAH	10,090	11,095	341,818	31	110,615,059	324	9,970
VERMONT	4,765	4,893	156,978	32	55,065,335	351	11,254
VIRGINIA	45,375	45,976	1,693,569	37	505,732,987	299	11,000
WASHINGTON	30,855	31,973	1,056,858	33	387,919,013	367	12,133
WEST VIRGINIA	13,466	13,655	487,870	36	138,147,550	283	10,117
WISCONSIN	41,057	39,069	1,435,470	37	495,983,478	346	12,695
WYOMING	3,481	3,649	109,315	30	36,436,034	333	9,985
OTHER							
TERRITORIES/POSSESSIONS	139	141	3,212	23	817,588	255	5,798

¹ Includes utilization and expenditure data for non-swing bed and swing bed services.

NOTES: Provider based data are derived from bills for services performed in 2007 and recorded in CMS central records as of June 2008. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data exclude no pay bills.

SOURCE: CMS/ORDI/OIS

December 2008

Table VII.14a

**Medicare Home Health Agency Utilization
Calendar Year 2007**

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patient
NATIONAL TOTAL	\$15,677,329,001	3,095,899	114,198,915	\$5,064	37
ALABAMA	296,441,921	62,312	2,195,369	4,757	35
ALASKA	8,509,194	1,979	46,251	4,300	23
ARIZONA	97,216,843	27,844	553,270	3,491	20
ARKANSAS	136,717,458	32,584	1,222,560	4,196	38
CALIFORNIA	1,230,292,402	224,097	7,153,069	5,490	32
COLORADO	106,601,748	27,835	676,442	3,830	24
CONNECTICUT	217,547,575	49,266	1,641,895	4,416	33
DELAWARE	34,985,986	10,170	220,141	3,440	22
DISTRICT OF COLUMBIA	18,249,823	4,598	103,656	3,969	23
FLORIDA	2,015,769,113	307,458	20,254,159	6,556	66
GEORGIA	350,985,898	76,845	2,311,773	4,567	30
HAWAII	11,127,421	3,043	53,481	3,657	18
IDAHO	43,564,779	10,709	321,167	4,068	30
ILLINOIS	807,003,997	153,847	4,341,286	5,245	28
INDIANA	242,315,903	55,867	1,782,966	4,337	32
IOWA	64,577,829	21,273	530,457	3,036	25
KANSAS	87,021,723	23,643	615,773	3,681	26
KENTUCKY	227,753,711	52,403	1,630,046	4,346	31
LOUISIANA	511,159,425	71,669	4,046,391	7,132	56
MAINE	66,578,030	19,986	476,301	3,331	24
MARYLAND	171,588,030	49,133	961,659	3,492	20
MASSACHUSETTS	442,911,893	97,058	3,085,581	4,563	32
MICHIGAN	671,331,578	142,159	3,825,438	4,722	27
MINNESOTA	94,483,979	27,335	609,365	3,457	22
MISSISSIPPI	262,303,560	46,406	1,904,850	5,652	41
MISSOURI	229,791,152	64,829	1,524,391	3,545	24

Table VII.14b

Medicare Home Health Agency Utilization
Calendar Year 2007
 (continued)

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patients
MONTANA	\$21,945,869	6,752	146,145	\$3,250	22
NEBRASKA	43,460,948	13,230	285,340	3,285	22
NEVADA	95,690,525	17,803	561,426	5,375	32
NEW HAMPSHIRE	62,410,253	15,712	440,237	3,972	28
NEW JERSEY	344,891,826	90,572	2,063,981	3,808	23
NEW MEXICO	68,319,432	15,013	497,171	4,551	33
NEW YORK	765,501,276	177,117	6,113,573	4,322	35
NORTH CAROLINA	374,439,930	96,206	2,334,900	3,892	24
NORTH DAKOTA	11,763,746	4,910	97,251	2,396	20
OHIO	487,898,906	122,563	3,570,706	3,981	29
OKLAHOMA	372,847,607	57,304	3,331,448	6,506	58
OREGON	74,426,822	21,426	386,420	3,474	18
PENNSYLVANIA	515,996,909	144,365	3,375,462	3,574	23
PUERTO RICO	26,124,518	9,787	271,475	2,669	28
RHODE ISLAND	41,528,736	11,325	269,287	3,667	24
SOUTH CAROLINA	180,793,387	43,290	1,075,123	4,176	25
SOUTH DAKOTA	12,685,628	4,330	83,470	2,930	19
TENNESSEE	445,212,632	78,256	3,095,048	5,689	40
TEXAS	2,498,493,147	321,944	18,789,784	7,761	58
UTAH	99,933,346	17,719	917,494	5,640	52
VERMONT	42,075,971	10,397	341,961	4,047	33
VIRGINIA	296,709,506	75,541	1,981,940	3,928	26
WASHINGTON	148,620,711	38,501	743,764	3,860	19
WEST VIRGINIA	66,488,327	18,671	431,504	3,561	23
WISCONSIN	116,628,047	32,732	798,716	3,563	24
WYOMING	11,049,434	3,157	83,890	3,500	27
OTHER					
TERRITORIES/POSSESSIONS	4,560,587	827	23,662	5,515	29

NOTES: Provider based data are derived from bills for services performed in 2007 and recorded in CMS central records as of June 2008. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCES: CMS/ORDI/OIS

December 2008

Table VII.15a

**Medicare Hospice Utilization
Calendar Year 2007**

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
TOTALS	996,453	\$10,345,148,423	71,843,397	22,598,118	1,538,347	\$10,382	72
ALABAMA	26,118	345,794,869	2,825,722	395,679	8,070	13,240	108
ALASKA	394	3,590,647	22,779	93	231	9,113	58
ARIZONA	29,378	392,397,039	2,539,528	59,227	73,588	13,357	86
ARKANSAS	10,021	92,594,627	682,145	48,389	14,180	9,240	68
CALIFORNIA	83,069	877,127,258	5,230,853	2,045,167	80,495	10,559	63
COLORADO	14,340	140,682,793	915,560	40,236	26,700	9,811	64
CONNECTICUT	9,985	89,518,762	446,699	176,208	11,677	8,965	45
DELAWARE	3,836	42,914,954	282,542	77,205	2,360	11,187	74
DISTRICT OF COLUMBIA	965	10,362,963	60,263	34,723	1,641	10,739	62
FLORIDA	93,807	1,152,077,036	6,810,280	11,083,654	336,829	12,281	73
GEORGIA	28,839	316,647,977	2,198,010	376,093	47,288	10,980	76
HAWAII	2,130	19,903,266	117,718	558	172	9,344	55
IDAHO	4,906	55,102,416	442,387	27,253	10,652	11,232	90
ILLINOIS	35,592	317,014,507	2,061,537	1,070,258	25,752	8,907	58
INDIANA	20,754	187,896,058	1,344,457	33,693	10,185	9,053	65
IOWA	14,959	126,109,421	966,706	6,287	32,586	8,430	65
KANSAS	9,885	94,196,099	723,993	62,922	6,988	9,529	73
KENTUCKY	12,256	100,678,850	774,072	68,310	20,913	8,215	63
LOUISIANA	15,714	159,201,455	1,264,279	69,681	11,410	10,131	80
MAINE	4,291	40,398,785	279,559	36	5,634	9,415	65
MARYLAND	13,208	104,211,343	713,310	1,362	12,732	7,890	54
MASSACHUSETTS	20,058	207,129,018	1,336,053	28,649	3,256	10,327	67
MICHIGAN	37,784	324,168,617	2,248,145	102,797	29,981	8,580	59
MINNESOTA	13,641	120,130,968	866,061	39,656	2,219	8,807	63
MISSISSIPPI	14,709	207,928,462	1,699,500	59,647	2,928	14,136	116

Table VII.15b

Medicare Hospice Utilization
Calendar Year 2007
(continued)

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
MISSOURI	25,676	\$243,920,604	2,036,496	85,351	26,000	\$9,500	79
MONTANA	2,920	25,925,303	226,253	381	678	8,879	77
NEBRASKA	5,817	43,346,744	435,842	62,200	10,383	7,452	75
NEVADA	7,165	73,044,136	431,001	3,359	13,553	10,195	60
NEW HAMPSHIRE	3,630	29,714,535	183,419	170	890	8,186	51
NEW JERSEY	25,611	242,436,172	1,459,006	152,394	14,576	9,466	57
NEW MEXICO	7,212	84,590,313	617,019	5,280	18,093	11,729	86
NEW YORK	34,911	317,516,337	1,943,097	113,842	31,469	9,095	56
NORTH CAROLINA	31,395	336,581,630	2,394,978	41,829	69,194	10,721	76
NORTH DAKOTA	2,042	17,188,760	139,245	35,951	414	8,418	68
OHIO	47,411	458,126,670	3,088,344	1,780,328	50,724	9,663	65
OKLAHOMA	19,426	257,482,001	2,170,567	97,029	3,703	13,255	112
OREGON	15,398	137,970,017	1,036,299	4,276	2,963	8,960	67
PENNSYLVANIA	52,658	492,372,413	3,456,174	211,245	37,919	9,350	66
PUERTO RICO	8,705	90,751,681	1,290,685	5,351	329,075	10,425	148
RHODE ISLAND	4,612	46,935,959	281,679	317	1,694	10,177	61
SOUTH CAROLINA	16,682	204,594,220	1,488,635	39,083	14,000	12,264	89
SOUTH DAKOTA	1,995	13,548,491	99,321	372	334	6,791	50
TENNESSEE	20,391	190,997,858	1,328,740	139,607	21,552	9,367	65
TEXAS	72,566	787,088,832	5,651,219	3,549,517	64,902	10,847	78
UTAH	8,770	109,983,534	904,156	7,321	7,076	12,541	103
VERMONT	1,408	11,750,460	81,295	2,547	263	8,345	58
VIRGINIA	19,753	182,888,681	1,334,389	101,308	8,262	9,259	68
WASHINGTON	18,028	169,736,651	1,085,593	11,689	10,809	9,415	60
WEST VIRGINIA	6,396	63,718,379	479,509	52,240	7,427	9,962	75
WISCONSIN	18,429	177,527,781	1,218,053	186,362	13,845	9,633	66
WYOMING	778	5,857,837	115,085	515	78	7,529	148
OTHER							
TERRITORIES/POSSESSIONS	161	1,774,237	15,140	471	4	11,020	94

NOTES: Provider based data are derived from bills for services performed in 2007 and recorded in CMS central records as of June 2008. These interim payments may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

SOURCE: CMS/ORDI/OIS

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Table VII.16

Medicare Inpatient Hospitals by State 2008

	Short- Stay Hospitals ¹	Beds per 1,000 Enrollees	Long- Stay Hospitals ²	Beds per 1,000 Enrollees	State	Short- Stay Hospitals ¹	Beds per 1,000 Enrollees	Long- Stay Hospitals ²	Beds per 1,000 Enrollees
All Areas	3,675	18.1	1,200	2.4	Missouri	80	26.1	29	2.3
United States	3,618	18.3	1,194	2.5	Montana	17	14.9	2	1.2
					Nebraska	22	18.2	9	2.5
Alabama	99	26.8	25	2.4	Nevada	24	22.3	13	2.5
Alaska	11	21.7	2	3.0	New Hampshire	13	13.8	4	2.3
Arizona	66	24.0	20	1.6	New Jersey	75	22.9	33	3.3
Arkansas	51	17.7	24	3.7	New Mexico	35	18.1	9	1.6
California	333	26.2	63	1.4	New York	193	29.5	35	2.7
Colorado	49	26.8	19	3.2	North Carolina	94	18.9	18	2.1
Connecticut	32	17.2	12	3.6	North Dakota	12	22.4	5	3.6
Delaware	5	15.2	6	3.8	Ohio	137	26.5	48	2.3
Dist. of Columbia	7	54.1	7	11.3	Oklahoma	93	25.4	28	2.5
Florida	175	22.3	52	1.6	Oregon	33	20.1	2	0.5
Georgia	110	21.8	33	2.6	Pennsylvania	157	19.5	69	3.2
Hawaii	14	18.5	4	2.1	Rhode Island	11	26.1	4	4.4
Idaho	16	15.1	7	1.6	South Carolina	55	18.1	19	2.1
Illinois	134	25.5	26	1.9	South Dakota	25	19.8	3	2.0
Indiana	82	18.4	40	2.4	Tennessee	109	28.1	27	1.9
Iowa	36	19.9	4	0.7	Texas	320	23.8	149	3.7
Kansas	62	22.5	14	2.5	Utah	31	20.5	8	3.3
Kentucky	66	23.2	24	3.1	Vermont	6	14.6	1	1.5
Louisiana	104	30.4	99	7.1	Virginia	83	19.7	24	1.6
Maine	25	14.0	5	2.0	Washington	50	15.5	11	2.0
Maryland	47	19.4	17	3.8	West Virginia	37	26.9	11	2.2
Massachusetts	66	15.9	44	6.7	Wisconsin	66	21.1	20	2.3
Michigan	110	19.5	35	1.7	Wyoming	12	15.4	3	1.1
Minnesota	54	24.8	13	1.7					
Mississippi	74	26.8	15	2.1	Puerto Rico	52	N/A	6	1.2
					Other Outlying Areas	5	N/A	0	0.0

¹ Excludes critical access hospitals.² Includes long term, religious non-medical healthcare institutions, psychiatric, rehabilitation, and childrens' hospitals.

NOTES: Facility data as of the end of December 2007. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 2007.

SOURCE: CMS/ORDI

December 2008

Table VII.17

Medicare Skilled Nursing Facilities and Certified Beds by State 2007

	Facilities	Beds	Facilities	Beds
All Areas	15,054	1,532,267		
United States	15,044	1,531,874		
Alabama	229	25,650	Missouri	485
Alaska	15	570	Montana	91
Arizona	135	14,912	Nebraska	196
Arkansas	215	20,956	Nevada	46
California	1,197	109,886	New Hampshire	74
Colorado	193	17,548	New Jersey	362
Connecticut	244	29,548	New Mexico	67
Delaware	38	4,167	New York	655
District of Columbia	19	2,326	North Carolina	420
Florida	677	78,197	North Dakota	83
Georgia	357	38,199	Ohio	955
Hawaii	43	3,866	Oklahoma	280
Idaho	76	5,918	Oregon	121
Illinois	703	64,202	Pennsylvania	709
Indiana	489	45,410	Rhode Island	86
Iowa	415	29,003	South Carolina	173
Kansas	268	18,895	South Dakota	93
Kentucky	292	24,911	Tennessee	299
Louisiana	292	36,341	Texas	1,075
Maine	113	6,615	Utah	85
Maryland	228	25,108	Vermont	40
Massachusetts	438	47,582	Virginia	257
Michigan	403	44,156	Washington	234
Minnesota	380	33,070	West Virginia	123
Mississippi	171	15,493	Wisconsin	372
			Wyoming	33
			U.S. Territories and Possessions	10
				393

NOTE: Data as of the end of December 2007.

SOURCE: CMS/ORDI

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Table VII.18

**Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities
by State, 2007**

	Nursing Facilities Title 19 Only	Institutions for Mentally Retarded		Nursing Facilities Title 19 Only	Institutions for Mentally Retarded
United States	780	6,443	Missouri	30	18
Alabama	3	6	Montana	1	1
Alaska	0	0	Nebraska	30	4
Arizona	0	12	Nevada	2	9
Arkansas	20	41	New Hampshire	7	1
California	72	1,151	New Jersey	0	9
Colorado	17	3	New Mexico	5	42
Connecticut	0	118	New York	2	581
Delaware	6	2	North Carolina	1	332
District of Columbia	1	110	North Dakota	0	67
Florida	2	105	Ohio	2	435
Georgia	5	11	Oklahoma	47	88
Hawaii	3	18	Oregon	17	1
Idaho	1	65	Pennsylvania	6	202
Illinois	95	313	Rhode Island	0	5
Indiana	22	530	South Carolina	0	89
Iowa	38	139	South Dakota	17	1
Kansas	81	30	Tennessee	24	83
Kentucky	0	9	Texas	68	868
Louisiana	0	528	Utah	8	15
Maine	0	20	Vermont	0	2
Maryland	6	4	Virginia	20	35
Massachusetts	8	6	Washington	9	14
Michigan	21	1	West Virginia	8	66
Minnesota	13	218	Wisconsin	23	19
Mississippi	33	14	Wyoming	6	2

NOTE: Data as of the end of December 2007.

SOURCE: C MS/ORDI

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Table VII.19
Community Hospitals by State
2006 Annual Survey

	Beds per 1,000			Beds per 1,000		
	Hospitals	Beds	Resident Population	Hospitals	Beds	Resident Population
United States	4,927	802,311	2.3			
Alabama				Missouri	119	18,888
Alaska	109	15,639	3.4	Montana	52	4,089
Arizona	22	1,551	2.3	Nebraska	85	7,375
Arkansas	66	11,947	1.9	Nevada	33	4,826
California	84	9,309	3.3	New Hampshire	28	2,825
	357	70,021	1.9	New Jersey	79	22,094
				New Mexico	36	3,525
Colorado	73	9,518	2.0	New York	203	63,591
Connecticut	35	7,988	2.3	North Carolina	114	23,441
Delaware	6	2,138	2.5	North Dakota	41	3,550
District of Columbia	11	3,601	6.2			
Florida	203	51,423	2.8	Ohio	171	32,822
				Oklahoma	112	10,773
Georgia	147	24,772	2.7	Oregon	58	6,609
Hawaii	24	2,969	2.3	Pennsylvania	188	39,567
Idaho	38	3,303	2.3	Rhode Island	11	2,394
Illinois	190	34,178	2.7			
Indiana	114	18,076	2.9	South Carolina	66	11,790
				South Dakota	52	4,326
Iowa	117	10,500	3.5	Tennessee	130	20,328
Kansas	129	10,019	3.6	Texas	417	58,964
Kentucky	104	14,574	3.5	Utah	43	4,528
Louisiana	132	15,864	3.7			
Maine	37	3,489	2.7	Vermont	14	1,313
				Virginia	88	17,274
Maryland	50	11,479	2.0	Washington	88	10,927
Massachusetts	80	16,344	2.5	West Virginia	56	7,197
Michigan	142	25,945	2.6	Wisconsin	124	14,123
Minnesota	131	15,843	3.1	Wyoming	24	2,056
Mississippi	94	12,973	4.5			

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Associations' 2008 Hospital Statistics.

December 2008

Table VII.20

**Medicare Part B Participating Physicians and Other Practitioners by State
Selected Years**

	January 2003	January 2004	January 2005	January 2006	January 2007	January 2008
Alabama	96.4	96.8	96.7	96.9	97.4	97.6
Alaska	87.2	88.0	89.1	90.0	89.7	90.2
Arizona	91.1	91.2	91.7	92.4	92.8	93.5
Arkansas	95.9	96.1	96.3	96.4	97.0	97.4
California	89.5	89.8	87.4	86.9	84.7	89.3
Colorado	90.0	90.7	91.3	92.3	92.2	93.2
Connecticut	93.4	93.6	93.8	94.3	95.0	95.3
Delaware	92.4	96.5	96.5	96.1	96.1	97.6
District of Columbia	91.3	92.3	92.4	92.7	92.7	94.3
Florida	92.5	93.0	93.5	94.1	95.0	95.6
Georgia	90.4	91.3	92.0	92.7	93.4	94.0
Hawaii	94.7	94.7	95.2	95.6	95.4	96.2
Idaho	84.0	85.2	85.9	90.0	90.1	91.1
Illinois	93.4	93.7	94.4	94.9	95.1	95.9
Indiana	87.4	88.4	95.8	96.2	95.5	96.3
Iowa	94.6	94.7	95.2	95.4	95.6	96.1
Kansas	95.4	96.1	96.2	97.0	97.3	97.4
Kentucky	94.0	94.6	94.1	95.1	95.5	96.3
Louisiana	92.4	93.1	93.3	93.6	94.4	95.4
Maine	94.8	90.5	91.3	91.6	91.7	98.2
Maryland	94.3	95.1	95.3	95.9	95.5	96.4
Massachusetts	96.0	90.4	91.2	91.9	92.0	99.0
Michigan	97.3	97.4	97.6	97.7	97.8	98.0
Minnesota	80.6	80.1	79.9	80.3	81.2	81.5
Mississippi	86.1	92.5	91.2	92.0	92.0	93.5
Missouri	94.0	94.3	94.8	94.8	94.4	95.1
Montana	90.9	92.0	92.5	93.3	94.0	94.9
Nebraska	94.6	95.1	95.6	96.4	96.8	97.1
Nevada	95.6	96.3	96.1	96.2	96.7	97.2
New Hampshire	94.0	87.7	88.6	89.4	90.0	97.3
New Jersey	88.9	89.9	91.3	92.1	91.9	92.5
New Mexico	93.3	93.6	94.9	95.9	95.9	96.5
New York	82.3	82.8	82.3	92.2	92.8	94.0
North Carolina	91.9	92.5	93.0	95.9	96.0	96.5
North Dakota	97.3	97.7	97.8	97.9	97.6	97.5
Ohio	95.7	96.4	96.4	96.7	96.9	97.5
Oklahoma	94.4	94.7	95.5	95.7	96.0	96.3
Oregon	93.4	96.0	93.9	94.4	94.0	95.2
Pennsylvania	96.4	96.6	96.7	97.0	97.3	97.8
Rhode Island	77.2	98.4	98.4	97.7	98.2	98.5
South Carolina	92.8	93.4	94.3	94.9	95.9	96.7
South Dakota	90.6	91.1	92.5	92.9	93.2	93.3
Tennessee	92.6	92.8	92.8	96.0	96.3	96.6
Texas	89.4	90.2	91.0	91.5	92.7	93.8
Utah	97.0	97.5	97.7	97.8	97.5	97.6
Vermont	93.8	91.4	91.9	92.2	91.5	97.2
Virginia	93.7	94.4	94.6	94.9	95.3	96.4
Washington	95.8	96.0	96.3	96.6	96.5	96.8
West Virginia	94.8	95.9	96.3	96.9	97.1	97.5
Wisconsin	95.0	95.5	96.0	96.5	96.4	96.6
Wyoming	88.0	88.6	90.6	91.7	91.6	93.0

NOTE: Other practitioners includes Limited License Practitioners and Non-Physician Practitioners.

SOURCE: CMS/OFM

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Table VII.21

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 2008**

CMS Region/State	Assignment Rate	CMS Region/State	Assignment Rate
National	99.7		
Alabama	99.9	Montana	99.6
Alaska	99.8	Nebraska	99.6
Arizona	97.9	Nevada	100.0
Arkansas	99.9	New Hampshire	99.8
California	99.7	New Jersey	99.4
Colorado	99.4	New Mexico	99.7
Connecticut	99.6	New York	99.6
Delaware	99.9	North Carolina	99.8
District of Columbia	99.5	North Dakota	99.7
Florida	99.5	Ohio	99.9
Georgia	99.8	Oklahoma	99.8
Hawaii	99.6	Oregon	99.6
Idaho	98.4	Pennsylvania	99.9
Illinois	99.7	Rhode Island	100.0
Indiana	99.9	South Carolina	99.9
Iowa	99.8	South Dakota	97.5
Kansas	99.8	Tennessee	99.9
Kentucky	99.9	Texas	99.8
Louisiana	99.9	Utah	99.9
Maine	99.9	Vermont	99.8
Maryland	99.7	Virginia	99.9
Massachusetts	100.0	Washington	99.7
Michigan	99.9	West Virginia	99.9
Minnesota	97.7	Wisconsin	99.8
Mississippi	99.9	Wyoming	99.1
Missouri	99.8		

SOURCE: CM S/OFM

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Table VII.22

Medicare Physicians and Other Medical Professionals by State ¹ 2007

State	Number	Percent of Total	State	Number	Percent of Total
Total ²	1,245,003	100.0	Montana	4,727	0.4
Alabama	14,076	1.1	Nebraska	8,103	0.7
Alaska	3,520	2.8	Nevada	7,500	0.6
Arizona	22,103	1.8	New Hampshire	8,749	0.7
Arkansas	11,804	0.9	New Jersey	41,609	3.3
California ³	115,164	9.3	New Mexico	7,779	0.6
Colorado	21,252	1.7	New York	96,531	7.8
Connecticut	16,772	1.3	North Carolina	36,825	3.0
Delaware	4,273	0.3	North Dakota	4,302	0.3
District Columbia	8,377	0.7	Ohio	48,012	3.9
Florida	67,499	5.4	Oklahoma	11,340	0.9
Georgia	32,003	2.6	Oregon	16,534	1.3
Hawaii ⁴	6,584	0.5	Pennsylvania	56,037	4.5
Idaho	5,803	0.5	Puerto Rico ⁵	9,003	0.7
Illinois	47,438	3.8	Rhode Island	5,917	0.5
Indiana	23,808	1.9			
Iowa	14,243	1.1	South Carolina	16,759	1.3
Kansas	12,899	1.0	South Dakota	4,137	0.3
Kentucky	18,015	1.4	Tennessee	27,745	2.2
Louisiana	20,136	1.6	Texas	67,260	5.4
Maine	9,577	0.8	Utah	9,023	0.7
			Vermont	4,670	0.4
Maryland	29,277	2.4	Virginia	26,359	2.1
Massachusetts	50,799	4.1	Washington	29,860	2.4
Michigan	42,214	3.4	Wisconsin	26,289	2.1
Minnesota	23,681	1.9	West Virginia	8,778	0.7
Mississippi	8,805	0.7	Wyoming	2,807	0.2
Missouri	27,645	2.2			

¹ Medicare physicians and other medical professionals include active medical doctors, limited licensed practitioners, and non-physicians.

² Total includes unknown. ³ American Samoa and Palau included in California. ⁴ Guam included in Hawaii. ⁵ Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of July 2007.

SOURCES: CMS/ORDI/CBC (Medicare Physician Registry)

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Table VIII.1
Financing of Medicaid Programs
Fiscal Year 2009

Federal Contributions	Percent
1. Medical Vendor Payments ¹	50-83
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems ²	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility, Inspectors	75
7. Intermediate Care Facility for the Mentally Retarded, Inspectors	
a. Salaries, Fringe Benefits, Travel & Training	75
b. All Other Costs	50
8. Skilled Professional Medical Personnel	75
9. State Medicaid Fraud and Abuse Units	75
10. PRO Performance Review	75
11. Systematic Alien Verification for Entitlements System	100
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100
14. TANF Allocation Enhanced Administrative Match ³	75-90

¹ Range reflects floor to ceiling percentages available under statute in any fiscal year. The ceiling for Medicaid State Children's Health Insurance Program payments under sections 1905(u)(2) and 1905(u)(3) is 85 percent.

² After approval of an application for 90% rate by CMS.

³ Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program (section 1931).

SOURCE: CMS/CMSO

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Table VIII.2
Medicare Cost Sharing and Premium Amounts for
Hospital Insurance ¹

		Inpatient Hospital			SNF ³	
		Deductible (IHD)	Daily Coinsurance		Daily	
			61st through 90th days	LTR ² after 90 days	Coinurance after 20 days	Hospital Insurance Monthly Premium ⁴
		Covers first 60 days	(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)	
Beginning in January unless noted						
July 1966	40	\$10	(⁵)	(⁵)	--	
1970	52	13	26	6.50	--	
1980	180	45	90	22.50	78	^{6, 7}
1985	400	100	200	50.00	174	⁸
1990	592	148	296	74.00	175	⁹
1995	716	179	358	89.50	261	¹⁰
1996	736	184	368	92.00	289	¹⁰
1997	760	190	380	95.00	311	¹⁰
1998	764	191	382	95.50	309	¹⁰
1999	768	192	384	96.00	309	¹⁰
2000	776	194	388	97.00	301	¹⁰
2001	792	198	396	99.00	300	¹⁰
2002	812	203	406	101.50	319	¹⁰
2003	840	210	420	105.00	316	¹⁰
2004	876	219	438	109.50	343	¹⁰
2005	912	228	456	114.00	375	¹⁰
2006	952	238	476	119.00	393	¹⁰
2007	992	248	496	124.00	410	¹⁰
2008	1,024	256	512	128.00	423	¹⁰
2009	1,068	267	534	133.50	443	¹⁰

¹ Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

² LTR is lifetime reserve.

³ SNF is skilled nursing facility.

⁴ Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

⁵ Benefit not provided.

⁶ Beginning in July for years 1973 through 1982.

⁷ Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

⁸ Beginning in January for 1984 and succeeding years.

⁹ Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for 1989 and succeeding years.

¹⁰ For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2009, the reduced premium is \$244.

Table VIII.3

**Medicare Cost Sharing and Premium Amounts for
Supplementary Medical Insurance**

	Standard Monthly Premiums				
	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) ¹	Government Amounts	
				Aged	Disabled
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1970	50 ^{2, 3}	20% ³	4.00	4.00	--
1975	60 ⁴	20% ⁵	6.70	6.70	29.30
1980	60	20%	8.70	18.10	41.30
1985	75 ^{6, 7, 8}	20%	15.50 ⁹	46.50 ⁹	89.90 ⁹
1990	75	20%	28.60	85.80	59.60
1995	100 ¹⁰	20%	46.10	100.10	165.50
1996	100	20%	42.50	127.30	167.70
1997	100	20%	43.80	131.40	177.00
1998	100	20%	43.80	132.00	150.40
1999	100	20%	45.50	139.10	160.50
2000	100	20%	45.50	138.30	196.70
2001	100	20%	50.00	152.00	214.40
2002	100	20%	54.00	164.60	192.20
2003	100	20%	58.70	178.70	223.30
2004	100	20%	66.60	199.80	284.40
2005	110	20%	78.20	234.60	270.00
2006	124	20%	88.50	265.40	292.20
2007	131	20%	93.50	280.50	290.80
2008	135	20%	96.40	289.10	306.10
2009	135	20%	96.40	289.10	320.60

¹ Beginning July 1973 for the disabled. Starting in 2007, beneficiaries with income above certain threshold amounts pay a higher premium. These higher premiums result in lower government contributions.

² Beginning in January for 1967 and succeeding years.

³ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance for the period April 1968 - December 1980.

⁴ Deductible was \$60 for the years 1973 - 1981.

⁵ Home health services are not subject to coinsurance, beginning July 1972.

⁶ Home health services are not subject to deductible, beginning 1981.

⁷ Professional inpatient services of pathologists and radiologists not subject to deductible and coinsurance only when physician accepts assignment for the period January 1981 - September 1982 and are subject to deductible and coinsurance for October 1982 and later.

⁸ Deductible was \$75 for the years 1982 - 1990.

⁹ Beginning in January for 1984 and succeeding years.

¹⁰ Deductible was \$100 for the years 1991 - 2004. For 2005 and later, it is indexed by the increase in the aged actuarial rate.

Table VIII.4

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 2008**

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate ¹	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994 and later	none ²	1.45	2.90

¹ Percent of taxable earnings.

² The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: CMS/OACT

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Table VIII.5

**Title XIX Federal Medical Assistance Percentages
Fiscal Years 2006 - 2009**

	2006	2007	2008	2009		2006	2007	2008	2009
Alabama	69.51	70.83	67.62	67.98	Missouri	61.93	61.93	62.42	63.19
Alaska	57.58	57.58	52.48	50.53	Montana	70.54	69.11	68.53	68.04
Arizona	66.98	67.45	66.20	65.77	Nebraska	59.68	57.93	58.02	59.54
Arkansas	73.77	74.75	72.94	72.81	Nevada	58.81	53.93	52.64	50.00
California	50.00	50.00	50.00	50.00	New Hampshire	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	50.00	50.00	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	71.15	71.93	71.04	70.88
Delaware	50.09	50.38	50.00	50.00	New York	50.00	50.00	50.00	50.00
District of Columbia	70.00	70.00	70.00	70.00	North Carolina	63.49	64.52	64.05	64.60
Florida	58.89	58.90	56.83	55.40	North Dakota	65.85	64.72	63.75	63.15
Georgia	60.60	60.44	63.10	64.49	Ohio	59.88	59.66	60.79	62.14
Hawaii	58.81	58.47	56.50	55.11	Oklahoma	67.91	68.14	67.10	65.90
Idaho	69.91	70.62	69.87	69.77	Oregon	61.57	61.07	60.86	62.45
Illinois	50.00	50.00	50.00	50.32	Pennsylvania	55.05	54.39	54.08	54.52
Indiana	62.98	62.78	62.69	64.26	Rhode Island	54.45	52.35	52.51	52.59
Iowa	63.61	63.55	61.73	62.62	South Carolina	69.32	69.54	69.79	70.07
Kansas	60.41	61.01	59.43	60.08	South Dakota	65.07	62.92	60.03	62.55
Kentucky	69.26	69.60	69.78	70.13	Tennessee	63.99	63.65	63.71	64.28
Louisiana	69.79	71.04	72.47	71.31	Texas	60.66	60.78	60.53	59.44
Maine	62.90	64.89	63.31	64.41	Utah	70.76	70.14	71.63	70.71
Maryland	50.00	50.00	50.00	50.00	Vermont	58.49	58.93	59.03	59.45
Massachusetts	50.00	50.00	50.00	50.00	Virginia	50.00	50.00	50.00	50.00
Michigan	56.59	56.71	58.10	60.27	Washington	50.00	50.12	51.52	50.94
Minnesota	50.00	50.00	50.00	50.00	West Virginia	72.99	72.82	74.25	73.73
Mississippi	76.00	77.08	76.29	75.84	Wisconsin	57.65	57.47	57.62	59.38
					Wyoming	54.23	52.91	50.00	50.00
					Territories	50.00	50.00	50.00	50.00

SOURCE: DHHS/ASPE

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